

In the Matter of:

*Ashley Moreaux and Chris Moreaux*

vs.

*Clear Blue Insurance Company, Tim Ables Trucking Company, LLC, Shannon Watson and Kevin Posey*

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**Huma Haider, M.D.**

January 11, 2021

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**EXHIBIT**  
**C**

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UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF LOUISIANA  
LAKE CHARLES DIVISION

ASHLEY MOREAUX AND  
CHRIS MOREAUX

NO. 2:18-CV-1255

Plaintiffs

V.

JUDGE CAIN

CLEAR BLUE INSURANCE  
COMPANY, TIM ABLES  
TRUCKING COMPANY, LLC,  
SHANNON WATSON AND  
KEVIN POSEY

MAGISTRATE JUDGE KAY

\* \* \* \* \*

Fully Remote Videoconference  
Deposition of HUMA HAIDER, M.D., taken on  
Monday, January 11, 2021, commencing at  
10:00 a.m. CST.

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1 APPEARANCES

2

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Reported By:

24

Michelle Cossé

25

Certified Court Reporter

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1

S T I P U L A T I O N S

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It is stipulated by and among  
Counsel that the deposition of DR. HUMA HAIDER  
is being taken under the Louisiana Code of  
Civil Procedure for all purposes permitted  
under the law.

The formalities of reading and  
signing are not waived.

The formalities of sealing,  
certification and filing are hereby waived.

The party responsible for services of the  
discovery material shall retain the original.

All objections, except those as to  
the form of the questions and/or the  
responsiveness of the answers, are reserved  
until the time of the trial of this cause.

\* \* \* \* \*

Michelle Cossé, Certified Court  
Reporter, in and for the State of Louisiana,  
officiated in administering the oath to the  
witness.

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1 DEPOSITION OF HUMA HAIDER, M.D.

2 THE COURT REPORTER:

3 Do all Counsel agree to allow  
4 me to swear the deponent in  
5 remotely?

6 MS. AIYEGBUSI:

7 Yes.

8 MR. FEIBUS:

9 Yes.

10 MR. BICE:

11 Yes.

12 MR. VERLANDER:

13 Yes. That's fine.

14 (Whereupon, the court reporter administers the  
15 oath upon the deponent.)

16 Huma Haider, M.D., National Brain  
17 Injury Institute, 6065 Hillcroft Street, Suite  
18 202, Houston, Texas, 77081, after having been  
19 first duly sworn, testified on her oath as  
20 follows:

21 EXAMINATION

22 Q. Good morning, Dr. Haider. My name  
23 is Paul Verlander. I represent James River,  
24 which is one of the insurers that is named in  
25 this suit relating to Ashley Moreaux, for whom

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1 you and NBII have provided certain services.

2 And so that is what we're here to talk about

3 today.

4 A. Thank you.

5 Q. Is that your understanding, also?

6 A. Yes.

7 Q. Sorry on the fact that I'm not  
8 visible to you by video. As I said before we  
9 started, Zoom opines that it does not detect  
10 a camera on my computer.

11 A. That's okay. No problem.

12 Q. Let's talk, first of all, about  
13 your background.

14 First of all, you've given  
15 depositions before; correct?

16 A. Yes, I have.

17 Q. And you're here with your personal  
18 counsel today. Is that NBII's counsel or is  
19 that your, Dr. Haider's counsel, or both?

20 A. It's NBII's counsel.

21 Q. Okay. And so you do -- a  
22 significant part of your practice is patients  
23 who are involved in litigation; that's true,  
24 isn't it?

25 A. I don't know when the patients come

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1 for treatment whether they are involved in  
2 litigation or not. So the patients are coming  
3 through many different sources, but when I am  
4 deposed for a deposition, then at that time I  
5 know that the patients are involved in a  
6 litigation process.

7 Q. Okay. Well, we'll get to the  
8 timing of when you become aware of that, I  
9 guess, a little later.

10 Right now I'm asking: Is a  
11 significant portion of your practice  
12 litigation-related patients?

13 A. As I said earlier, the patients  
14 that are being referred to us, they come from  
15 many different sources. And when I'm seeing  
16 the patients, I do not see or know what the  
17 patients -- what source the patients are  
18 coming there for.

19 Q. Okay. But what you said earlier  
20 also indicated that at some point during the  
21 process of the services that you provide, you  
22 do become aware of whether they're  
23 litigation-related patients; true?

24 A. Yes. When I get subpoenas for a  
25 deposition, or if I'm reviewing some medical



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1 records, if there is any indication in the  
2 medical record that the patient is going  
3 through a litigation process, then at that  
4 time I may become aware of it.

5 Q. Okay. And if you know, what  
6 percentage of your patients are  
7 litigation-related patients?

8 A. I will not be able to give you  
9 numbers of that.

10 Q. More than half?

11 A. As I said, I only become aware of  
12 the patient's litigation status when I am  
13 preparing for a deposition or when I get a  
14 subpoena.

15 Q. Yes, ma'am. You've said that  
16 several times, but I'm asking whenever you  
17 become aware -- I don't care when you become  
18 aware, right now, anyway.

19 I'm asking: Do you know what  
20 percentage of your patients are  
21 litigation-related? Whether you learn that at  
22 the very outset, or you learn that during the  
23 course of care, or you learn that when you get  
24 a subpoena, what percentage of your patients  
25 are litigation-related patients?

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1           A.           I would not be able to give you a  
2   number for that.

3           Q.           Is it more than half of your  
4   patients?

5           A.           As I said, I would not be able to  
6   give you a number for that.

7           Q.           So I understand when you say that  
8   you can't give me an exact number. I'm  
9   asking: You can't tell me whether it's 1  
10   percent or 99 percent or anywhere in between?

11          A.           As I said, I am unable to give you  
12   a percentage of it. I don't know of it.

13          Q.           Okay. And not even an estimate of  
14   whether it's closer to 1 percent or closer to  
15   90 percent; no idea?

16          A.           I would be speculating.

17          Q.           Okay. How many depositions have  
18   you given in the last year for patients that  
19   are involved in litigation?

20          A.           Maybe 15 or 20.

21          Q.           Okay. And in the case of  
22   Ms. Moreaux, who contacted you first:  
23   Ms. Moreaux or her attorney?

24          A.           Ms. Moreaux was on my schedule, so  
25   that's how I made contact with her.

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1           Q.           Okay. And who put her on your  
2   schedule?

3           A.           I do not know.

4           Q.           Do you have employees that handle  
5   that sort of thing?

6           A.           So there is a back office who  
7   receive the referrals, and then they put the  
8   referrals on the calendar for the patients to  
9   be seen by the providers.

10          Q.           And so do those people, when they  
11   make that schedule, record from whom the  
12   contact came or from whom the referral came?

13          A.           Yes. They will be getting the  
14   referrals, whether via phone, whether through  
15   referral forms submitted to the back office,  
16   and then they will be contacting the patients,  
17   scheduling the patients, and putting the  
18   patients on the schedule.

19          Q.           Okay. And in the case of  
20   Ms. Moreaux, you don't know -- even though  
21   there are forms, you don't know the route by  
22   which she came to consult NBII?

23          A.           I have not seen those forms.

24          Q.           Okay. That's a different question.

25                       My question was: Do you know the

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1 route by which Ms. Moreaux came to see NBII?

2 A. As I said, no, I don't know. I did  
3 not see the forms.

4 Q. All right. Is it the policy of  
5 NBII to have NBII's counsel attend every  
6 deposition that you give in litigation?

7 MR. FEIBUS:

8 She's not going to answer that  
9 question.

10 MR. VERLANDER:

11 On what basis, Counsel?

12 MR. FEIBUS:

13 It has zero relevance.

14 MR. VERLANDER:

15 I disagree.

16 Do you have a privilege basis  
17 to instruct her not to answer?

18 MR. FEIBUS:

19 Whether or not she has counsel  
20 in attendance absolutely has zero  
21 relevance to her treatment of the  
22 patient in this case or any  
23 argument of bias.

24 That's my instruction to the  
25 witness.

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1 MR. VERLANDER:

2 Okay. And you're an attorney  
3 where? In Texas?

4 MR. FEIBUS:

5 Yes, sir.

6 MR. VERLANDER:

7 In what city?

8 MR. FEIBUS:

9 Houston.

10 MR. VERLANDER:

11 Okay. Are you enrolled in the  
12 Western District of Louisiana?

13 MR. FEIBUS:

14 I am not.

15 MR. VERLANDER:

16 Okay.

17 BY MR. VERLANDER:

18 Q. Dr. Haider, where are you located  
19 right now?

20 A. Houston, Texas.

21 Q. And is that where your primary  
22 office is?

23 A. Yes.

24 Q. Okay. Where does NBII have  
25 physical offices?

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1           A.           Yes. We have physical offices in  
2   Houston, Dallas, San Antonio, and Los Angeles.

3           Q.           Okay. And so on your website, when  
4   it talks about serving all 50 states, that's  
5   talking about telemedicine other than those  
6   locations that you just listed?

7           A.           Yes. It's telemedicine and  
8   patients travel from other states to come to  
9   the cities where we have physical offices.

10          Q.           And you're the founder of NBII;  
11   correct?

12          A.           Yes.

13          Q.           Are you the only owner?

14          A.           Yes.

15          Q.           And what is the -- (inaudible) --  
16   is it an LLC, a corporation? What is it?

17          A.           I think you are breaking up a  
18   little bit.

19          Q.           What is the nature of the NBII  
20   entity?

21          A.           A clinical practice.

22          Q.           No. No. I meant the legal entity.

23                       Is it an LLC? Is it a corporation?

24   Do you know?

25          A.           I don't know the specific details

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1 of it.

2 Q. Okay. Do you know in what state  
3 it's formed?

4 A. It's formed in Texas.

5 Q. Okay. And you have always been the  
6 sole owner of NBII?

7 A. I was not always the sole owner. I  
8 founded it with Mr. Andrew Gomes, and then I  
9 purchased the company from him in 2019.

10 Q. I'm sorry. The man's name was  
11 "Andrew" . . .

12 A. "Gomes."

13 Q. G-O-M-E-S?

14 A. Yes.

15 Q. And is Andrew a physician?

16 A. Yes.

17 Q. And I'm sorry, you said you bought  
18 it -- bought him out in 2019?

19 A. Yes.

20 Q. And before that, y'all were  
21 co-owners?

22 A. Yes.

23 Q. I think I saw in one of your videos  
24 on your website that you formed NBII in 2018;  
25 is that right?

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1           A.           Yes.

2           Q.           And Dr. Gomes, what sort of doctor  
3 was he?

4           A.           He's a radiologist.

5           Q.           What led to Dr. Gomes's departure  
6 from the practice; do you know?

7           A.           We decided to part ways.

8           Q.           Okay. Did that have anything to do  
9 with the allegations in the qui tam complaint  
10 that was filed against you?

11          A.           No.

12                   MR. FEIBUS:

13                   She's not going to answer that  
14 question.

15                   Hold on, Paul. She's not going  
16 to answer any questions about the  
17 qui tam litigation; okay? Just so  
18 we're clear up front.

19                   MR. VERLANDER:

20                   And what's the basis of that  
21 refusal to answer?

22                   MR. FEIBUS:

23                   No relevance and it's harassing  
24 to the witness.

25                   MR. VERLANDER:



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1                   No relevance? How do you find  
2                   that to be the case, sir, when it  
3                   relates to the practice, vis-à-vis  
4                   litigation in which the doctor is  
5                   engaged?

6                   MR. FEIBUS:

7                   That's my instruction, sir, and  
8                   that's the basis for it. If that's  
9                   what you want to get, you need to  
10                  file a motion. Go for it. It is  
11                  absolutely no relevance to her  
12                  patient care in this matter or any  
13                  other matter that would otherwise  
14                  be admissible.

15                  MR. VERLANDER:

16                  All right. And your position  
17                  would be the same on any question  
18                  relating to the allegations  
19                  asserted in that complaint against  
20                  Dr. Haider and/or NBII; am I  
21                  correct about that?

22                  MR. FEIBUS:

23                  You are.

24                  MR. VERLANDER:

25                  All right.

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1 Including whether or not  
2 Dr. Gomes left in -- having  
3 anything to do with the qui tam  
4 litigation; am I right about that?  
5 MR. FEIBUS:  
6 It did not have anything to do  
7 with it. But you are correct, that  
8 will be my instruction.

9 BY MR. VERLANDER:

10 Q. Dr. Haider, you are not a  
11 neurologist; correct?

12 A. Correct.

13 Q. You're not a neurosurgeon; correct?

14 A. Correct.

15 Q. You're not a neuroradiologist;  
16 correct?

17 A. Correct.

18 Q. All right. I watched a video that  
19 you have on your website, and in that video,  
20 it's something like -- is it "Nail on the  
21 Head"? Is that the name of it?

22 A. That is -- our senior vice  
23 president of the company, he is responsible  
24 for the website. So I have seen the video,  
25 but I don't know whether it's named that on

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1 the website. I don't go on the website.

2 Q. Well, you appear in the video;  
3 right?

4 A. Uh-huh (positive response).  
5 Yes.

6 Q. And I'm sorry, you said you have  
7 seen the video; you acknowledge that?

8 A. Yes, I have.

9 Q. Okay. Who's the senior vice  
10 president you mentioned?

11 A. Mr. Tim Dillard.

12 Q. Ken Dillard?

13 A. Tim Dillard.

14 Q. Tim Dillard?

15 A. Yes.

16 Q. And he is still employed by the  
17 company?

18 A. Yes.

19 Q. When was that video made?

20 A. I would say probably last year  
21 sometime.

22 Q. So 2020? 2020?

23 A. Probably 2020 or end of 2019,  
24 sometime around that.

25 Q. Okay. In that video, you indicate

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1 that you are studying, at least at the time of  
2 the filming of the video, for a master's in  
3 psychology, I think; is that right?

4 A. Yes.

5 Q. All right. And where were you  
6 pursuing that training?

7 A. I have completed it. I was  
8 pursuing it at North Central University.

9 Q. I'm sorry. North Central . . .

10 A. -- University. Yes.

11 Q. Where is that located?

12 A. It's based in Arizona.

13 Q. And so this was, what, online  
14 learning?

15 A. Yes.

16 Q. And you said you've completed it.  
17 So you got a master's in psychology from North  
18 Central University in Arizona via an online  
19 program completed when?

20 A. I completed in February of 2019,  
21 almost a year ago.

22 Q. I'm sorry. So nearly two years ago  
23 you completed it?

24 A. No. 2020, February of 2020.

25 Q. Okay. Now I'm clear.

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1 And how long was that program?

2 A. Two years.

3 Q. Did you have to do any in-person  
4 learning, or was it entirely online?

5 A. It was entirely online.

6 Q. And have you obtained any licensure  
7 or certification in psychology post completion  
8 of that master's?

9 A. I have not.

10 Q. Have you pursued certification or  
11 licensure?

12 A. I have not, at this moment.

13 Q. I'm not sure what to make of "at  
14 this moment." Does that mean you never have,  
15 or you're intending to? Help me understand  
16 what "at this moment" means.

17 A. At this time, it means that I could  
18 proceed with it, depending upon my schedule,  
19 if I have time to proceed with it. Yes, you  
20 know, I plan on doing many other educational  
21 activities, and this is, you know, on the  
22 books. And if I have time, then I might  
23 proceed with that.

24 Q. Okay. So what I was driving at,  
25 though, is you have -- up to this point, as we

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1 sit here today, you have not sought out or  
2 attempted or tested for any certification or  
3 licensure in the field of psychology; am I  
4 right about that?

5 A. I have master's in general  
6 psychology, and I completed that.

7 I don't know what you are asking  
8 me. Can you be more specific?

9 Q. Okay. Well, you understand the  
10 difference between getting an educational  
11 degree and then obtaining certification in the  
12 field or licensure in the field. You  
13 understand those are two different things;  
14 right?

15 A. Yes, I do understand that.

16 Q. Okay. And I understand that you  
17 have obtained the degree from North Central  
18 University in Arizona via an online program in  
19 psychology. What I'm asking is: Beyond that  
20 degree, have you sought any certification or  
21 licensure in the field of psychology?

22 A. I have answered you that question.

23 Q. Well, yes. But what I'm trying to  
24 nail down is, you said something like "at this  
25 moment." I just want to make sure that up to

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1 this point, as we sit here today, that you  
2 have not attempted to obtain any certification  
3 or licensure in the field of psychology. Am I  
4 correct about that?

5 A. I have answered that question,  
6 also.

7 Q. Well, is that a "yes" or a "no"?

8 A. I'll have the court reporter read  
9 it back to you.

10 Q. Ma'am, you said -- what I'm trying  
11 to clarify is that you said "I have not at" --  
12 "I am not, at this moment, seeking  
13 certification."

14 All I want to make clear is that as  
15 we sit here today, at no point in the past  
16 have you sought certification or licensure in  
17 the field of psychology. You have not  
18 answered that specific question. If that's a  
19 "yes," "no, I have not sought any such  
20 certification or licensure up to this moment  
21 in time," then that's fine. We'll move on.

22 Is that --

23 A. I have answered this question.

24 Q. I don't think you have, ma'am.

25 MR. FEIBUS:

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1 Dr. Haider, just try to answer  
2 it again if you can; okay?

3 THE DEPONENT:

4 Okay.

5 So at this time --

6 BY MR. VERLANDER:

7 Q. Do you want me to restate it?

8 A. Go ahead.

9 Q. Okay. All I'm trying to nail down,  
10 ma'am, is after you've completed your degree  
11 in psychology, your master's degree, from that  
12 point up through the present time, have you at  
13 any point sought certification or licensure in  
14 the field of psychology?

15 A. I have not.

16 Q. Thank you.

17 So I also watched in your video  
18 that you're -- you come from, I guess -- is it  
19 India or Pakistan? I wasn't clear.

20 A. It's Pakistan.

21 Q. Okay. The Khyber Pass, I think it  
22 said; right?

23 A. Yes.

24 Q. All right. And I saw on your  
25 résumé that you pursued training in Pakistan.



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1 You got a bachelor of science over the course  
2 of one year from two institutions: Khyber  
3 Medical College and Jinnah College for Women.

4 Do I have that right?

5 A. Can you share the résumé that  
6 you're looking at from? Can you share it on  
7 the screen?

8 Q. You don't have your résumé there,  
9 your CV?

10 A. I do have it, but I want to see  
11 which one you are referring to.

12 Q. Well, it's the one that has been  
13 provided to me. It doesn't have a date on it.

14 A. So I want to see where you are  
15 reading it from.

16 Q. Okay. I will see if I can call it  
17 up when we get a break here, but what I'm  
18 reading from is page 3, "Undergraduate  
19 Education," on your CV that we, the defense  
20 lawyers, have been given in this case.

21 Do you have it up on your screen  
22 there?

23 A. I'm pulling it up.

24 Q. Okay. Let me know when you're  
25 ready.

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1 A. (Reviewing.)

2 Yes, I have it opened.

3 Q. Okay. So what I was asking you is,  
4 the CV says "Bachelor of Science, September  
5 1998 to September 1999," and it lists two  
6 institutions: Jinnah, J-I-N-N-A-H, College  
7 for Women and Khyber Medical College; is that  
8 accurate?

9 A. So the bachelor of science is  
10 between September 1999 to September of 2000,  
11 and it is at Jinnah College for Women,  
12 University of Peshawar, Pakistan.

13 Q. Okay. So --

14 A. It's a typo error there.

15 Q. Okay. So when it says September  
16 '98 to September '99, that's a typo. It  
17 should be September '99 to September of 2000?

18 A. It should be September of 1998 to  
19 September of 2000.

20 Q. I see. Okay.

21 And did you say it's only the  
22 Jinnah College for Women -- or it's also the  
23 Khyber Medical College; is that accurate?

24 A. Sorry. What are you saying?

25 Q. Did you attend both institutions

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1 for your bachelor of science, or was it just  
2 the Jinnah College for Women?

3 A. No. So it's the bachelor of  
4 science is from -- it's two years. It's from  
5 '97 to '99; that's two years. And then  
6 January 2000 to December of 2004 is the  
7 medical school education.

8 So the bachelor of science was only  
9 at Jinnah College for Women. It's not both  
10 institutions.

11 Q. Okay. So -- well, just then, you  
12 said '97 to '99. I thought it was '98 to  
13 2000. So which is it?

14 A. So it's '97 to '99. And then 2000  
15 is the medical school.

16 Q. Okay. So -- and that's -- is that  
17 a standard course of study in Pakistan for a  
18 bachelor of science degree is two years?

19 A. Yes.

20 Q. And then January 2000 to December  
21 2004, bachelor of medicine and bachelor of  
22 surgery from Khyber Medical College; are those  
23 dates and the institution correct?

24 A. Yes, that is correct.

25 Q. All right. And the conferral of

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1     that degree from Khyber Medical College, did  
2     that qualify you to practice medicine in  
3     Pakistan?

4           A.       It does.

5           Q.       All right. And is Pakistan similar  
6     to the U.S. in that you need to go through a  
7     program of internship and residency after  
8     completion of your college training?

9           A.       Yes.

10          Q.       Okay. And so you went to Chicago  
11     to do your internship and residency; correct?

12          A.       Correct.

13          Q.       In internal medicine?

14          A.       Correct.

15          Q.       And then that was from -- is that  
16     correct -- it says July 2005 to June 2008?

17          A.       Yes.

18          Q.       And then you went for an  
19     anesthesiology residency immediately following  
20     completion of your internal medicine residency  
21     for, it looks like, another three years, from  
22     July 2008 to June 2011, also in Chicago;  
23     correct?

24          A.       Correct.

25          Q.       All right. So up to that point in

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1 your training, had you done any training that  
2 was specific to traumatic brain injury or  
3 neurocritical care?

4 A. Yes. Both internal medicine and  
5 anesthesiology has electives and -- on a daily  
6 basis that you are diagnosing, managing, and  
7 treating patients who have -- could be having  
8 traumatic brain injury or neurological  
9 conditions.

10 Q. Okay. And did you say "electives"?  
11 Did you take electives that were specific to  
12 neurocritical care or traumatic brain injury?

13 A. Yes. There are mandatory electives  
14 in critical care for internal medicine and  
15 anesthesiology, both. And those critical care  
16 electives involve patients who have had  
17 traumatic brain injury in the critical care  
18 settings.

19 And also on a routine, everyday  
20 basis in internal medicine, the residents or  
21 the doctors are involved in various  
22 neurological conditions, diagnosing and  
23 treatment of that, and traumatic brain injury  
24 is also one of that.

25 Q. Okay. So when you mention

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1 "critical care," "mandatory electives," and  
2 you indicated that did include some brain  
3 injury cases, critical care also encompasses  
4 many other things; correct?

5 A. Correct.

6 Q. All right. And so what you're  
7 saying is that in the ordinary course of your  
8 internal medicine and anesthesiology training  
9 that you encounter brain injury cases;  
10 correct?

11 A. Yes. There is a part of the  
12 training, both internal medicine and  
13 anesthesia.

14 In anesthesia, Cook County is Level  
15 1 Trauma Center, and on a routine daily basis,  
16 other than critical care, we did very complex  
17 cases involving polytrauma, and traumatic  
18 brain injury was part of that polytrauma  
19 training on a daily basis.

20 Q. Okay. And then you go -- from the  
21 anesthesiology residency, it looks like you  
22 went -- well, no, not quite straight into  
23 neurocritical care. There was a gap of, it  
24 looks like, about four months before you  
25 started the fellowship. Did you practice in

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1     between?

2           A.           So I was moving from Illinois to  
3     Texas, getting my Texas license and then  
4     starting my fellowship at Baylor College of  
5     Medicine.

6           Q.           Okay. So you were, I guess, life  
7     transitioning from the anesthesiology  
8     residency down to Texas for the neurocritical  
9     care fellowship, and so you were not actively  
10    practicing during that four-month period or  
11    so; is that right?

12          A.           Correct.

13          Q.           Okay. And then it says on your  
14    résumé, or your CV, that you were in the  
15    neurocritical care fellowship from November of  
16    2011 to October of 2012; are those dates  
17    accurate?

18          A.           Yes, they are accurate.

19          Q.           And it was, in fact, at Baylor?

20          A.           Yes.

21          Q.           I looked at Baylor's neurocritical  
22    care fellowship program, and it indicates that  
23    it is -- at least, generally -- a two-year  
24    program; is that right?

25          A.           Yes.

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1 Q. But you were only there for one  
2 year?

3 A. Yes. Because of my internal  
4 medicine residency training and anesthesia  
5 residency training, I had fulfilled the second  
6 year requirements of the training for the  
7 neurocritical care fellowship program.

8 Q. Okay. And then when you completed  
9 that fellowship in October of 2012, did you  
10 immediately or within the months following  
11 become board certified in neurocritical care  
12 through the United Council for Neurologic  
13 Subspecialties, or was there some other  
14 requirement besides completing the fellowship?

15 A. That is the only requirement, for  
16 them to complete the fellowship training and  
17 then take an exam and passing of that exam,  
18 and then you become certified in neurocritical  
19 care.

20 Q. Okay. And so when did you become  
21 certified in neurocritical care? It says that  
22 you are certified on your first page of your  
23 CV, but it doesn't say when you first got  
24 certified.

25 A. Yeah. So the exam -- I believe



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1     they offer the exam once a year, if I remember  
2     it correctly. So I completed my fellowship in  
3     November -- sorry -- October of 2012, and I  
4     became certified in 2013.

5           Q.        So in other words, about as  
6     promptly as you could have done so, upon  
7     completion of the fellowship?

8           A.        Yes. The next available exam,  
9     whenever it was, I took that exam and became  
10    certified.

11          Q.        So you passed it on the first try,  
12    I take it.

13          A.        Yes, I did. I passed all of my  
14    exams on the first try.

15          Q.        Okay. And then the next training  
16    that's mentioned is interventional headache  
17    management training course, October 2017, at  
18    Northwestern Feinberg School of Medicine in  
19    Chicago. How long was that program?

20          A.        It was a weekend program.

21          Q.        So one weekend?

22          A.        Yes.

23          Q.        And you say that you're board  
24    eligible -- this is on the first page of your  
25    CV -- "board eligible in headache management

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1 through the United Council of Neurological  
2 Subspecialties." What does that mean?

3 A. I'm board certified. Where are you  
4 reading it, that I am board eligible?

5 Q. Okay. Again, this is from the CV  
6 that we have been provided, either directly  
7 from NBII or from counsel; I'm not sure which.

8 But it says on the fourth bullet  
9 point down under your certifications on page 1  
10 of your CV, it says "board eligible in  
11 headache management." But you're board  
12 certified?

13 A. Yes. I'm board certified in  
14 headache management through United Council for  
15 Neurologic Subspecialties, and I'm also board  
16 certified in headache medicine through  
17 American Board of Headache Management (sic).

18 Q. And when did you get the board  
19 certification from the United Council of  
20 Neurologic Subspecialties in headache  
21 management?

22 A. That was in 2020. I think it was  
23 towards the later half of 2020.

24 Q. So within the last six months?

25 A. Yes.

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1           Q.           And then, I'm sorry, the other  
2   headache certification you mentioned was the  
3   American Board of Headache Management?

4           A.           Headache Medicine, yes.

5           Q.           Okay. And when did you get that  
6   certification?

7           A.           That was also towards later part of  
8   last year.

9           Q.           And the requirements to get these  
10   headache management certifications, do you  
11   have to take an exam?

12          A.           Yes.

13          Q.           And was it two exams; one for the  
14   United Council and one for the American Board?

15          A.           Yes. They were two separate exams.  
16                        For American Board of Headache  
17   Medicine, there is also a written part of the  
18   exam, there is an oral part of the exam, and  
19   there is a practical part of the exam.

20                      And then for the UCNS, there was a  
21   written exam, I think, which lasted for like  
22   three or four hours. I don't remember exactly  
23   how many hours it was long.

24          Q.           Okay. The CV I have also lists you  
25   as board eligible in internal medicine; is

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1     that correct, "board eligible," or is that  
2     one -- are you board certified in internal  
3     medicine?

4           A.       Board certified in internal  
5     medicine.

6           Q.       And when did you become certified  
7     in internal medicine?

8           A.       The first time I became certified  
9     was back in -- when did I finish my residency?  
10    I think it was 2011, so I -- no. Sorry.

11                   I became certified in 2008 or '09.  
12    I completed my residency in 2008, and I think  
13    the next available exam was in 2009. And I  
14    took that exam, became board certified, and  
15    then I recertified in 2020. My exam was  
16    delayed because of the COVID, but I became  
17    certified in -- again recertified in internal  
18    medicine in 2020.

19           Q.       When did the first certification,  
20    the board certification in internal medicine,  
21    lapse?

22           A.       It was December of 2019. So I was  
23    scheduled to take the exam, I think, in March  
24    or April, but then it was postponed because of  
25    COVID. And I took the exam in the -- I think

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1 in the fall session of the internal medicine  
2 exams and then became certified.

3 Q. Okay. And then it says you're  
4 board certified in anesthesiology. When did  
5 you become board certified in anesthesiology?

6 A. I completed my residency in 2011,  
7 and I became certified -- the next available  
8 exam was in 2012, so I became certified in  
9 2012.

10 Q. And so that certification has  
11 remained in effect up to the present day  
12 without lapsing?

13 A. Correct.

14 Q. Is there some point at which you  
15 have to be recertified in anesthesiology, or  
16 does that just keep going as long as you keep  
17 up with your continuing education?

18 A. Yeah. As long as you keep up with  
19 your continuing education, you don't have to  
20 take recertification exams.

21 Q. So help me understand, then, what's  
22 different about the internal medicine  
23 certification. Why did that lapse, then? Or  
24 is it different than the anesthesiology  
25 certification?

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1           A.           So different boards are coming up  
2     with different schedule right now. In the  
3     past, there was recertification every ten  
4     years. But the rules keep on changing, and  
5     most of the boards now have different options,  
6     whether you take the boards every ten years,  
7     or whether you take some tests, or have  
8     continuing medical education every -- yearly  
9     basis, every two-year basis. So different  
10    boards have different requirements these days.

11                   Internal medicine only had the  
12    option of recertifying every ten years, but  
13    now they have option to recertify every four  
14    years or, I believe, two years.

15                   So they have different schedules.  
16    And it depends on the physician, which route  
17    do they want to take and how do they want to  
18    maintain their certifications.

19           Q.           Okay. But normally, you wouldn't  
20    allow your certification in internal medicine  
21    to lapse, would you? I mean, you said that  
22    the scheduled test was two or three or four  
23    months after the lapse of the original  
24    certification.

25           A.           So certification is voluntarily;

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1     it's not a mandatory to practice medicine.  
2     And even if I took the exam in -- you know,  
3     scheduled to take in April, I would still be  
4     practicing medicine, and it would not have any  
5     effect on me practicing as a medical doctor of  
6     medicine.

7           Q.           Okay. And I accept that as true,  
8     but my question was -- well, I guess, let me  
9     rephrase the question.

10                   Did you intentionally let the  
11     internal medicine certification lapse, or how  
12     did that come to pass that your exam was  
13     scheduled months after the lapse of the  
14     internal medicine certification?

15           A.           No. It's not about intentionally  
16     allow it to lapse or not. As I said, it does  
17     not have any bearing on my ability to practice  
18     as a medical doctor, so it's not intentional  
19     or unintentional. I am still qualified to  
20     practice internal medicine, practice  
21     anesthesia, practice neurocritical care,  
22     because I have completed the required  
23     trainings and have the training and experience  
24     to do that.

25                   So, and as I mentioned earlier,

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1     these board certifications are voluntarily and  
2     they're not mandatory.

3                 So, having said that, I recertified  
4     at the earliest that I could.

5                 Q.         Well, certainly -- who issues the  
6     board certification in internal medicine; what  
7     organization?

8                 A.         American Board of Internal  
9     Medicine.

10                Q.         That makes sense.

11                It certainly was an option to  
12     recertify prior to the expiration of your  
13     existing certification, wasn't it?

14                A.         Say that again. Can you ask the  
15     question again?

16                Q.         It certainly was an option with  
17     that organization for you to have met the  
18     requirements to recertify prior to the  
19     expiration of your original certification in  
20     internal medicine; correct?

21                A.         Yes. I could have recertified at  
22     the later half of 2019, but I certified when I  
23     was scheduled to certify, within six months  
24     of -- and, actually, I think the board gives a  
25     grace period of about six months to a year. I



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1 don't remember it exactly. So I was within  
2 the grace period of recertification.

3 Q. Okay. And you --

4 THE DEPONENT:

5 Excuse me. My office lights  
6 just turned off. Let me turn them  
7 on. They are motion sensors, so if  
8 I don't move, they turn off.

9 MR. VERLANDER:

10 Okay. We'll pause for a  
11 moment.

12 (Whereupon, a recess was taken.)

13 BY MR. VERLANDER:

14 Q. Your CV also says that you're a  
15 certified physician life care planner; when  
16 did you obtain that certification?

17 A. I believe that certification was in  
18 January or February of 2019.

19 Q. And what did you have to do to earn  
20 that designation?

21 A. So, I had to take -- I had to  
22 actually enroll in a program. And it was a  
23 very intense training program. Two of their  
24 courses were on-site, in-person, and the  
25 remaining were online. There were different

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1 areas and aspects of life care planning that I  
2 had to first review the course material and  
3 then complete assignments relating to that  
4 course material, and then after completing,  
5 submitting those assignments, and then taking  
6 tests for each of those assignments. And  
7 after completing -- it took about -- it  
8 normally takes about three to six months to do  
9 all of that.

10 After completing that, you get a  
11 certificate of course completion. Before  
12 doing that, you have to write some sample life  
13 care plans, also, and get graded on those.  
14 And then after completing that, you have to  
15 take a formal exam through the gold standard  
16 organization. And if you pass that exam, then  
17 you get your license and you are a certified  
18 life care planner.

19 Q. And, I'm sorry, the course work you  
20 just described before the life care planning  
21 was done where? You may have said it, but I  
22 missed it.

23 A. So, yeah. So there is an  
24 organization. It is called FIG. And that  
25 organization actually, you know, trains you

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1 and teaches you to become a life care  
2 planner -- certified life care planner -- by  
3 giving you course work. And it's just like  
4 enrolling into any other course. And then  
5 after you complete all the courses -- I  
6 believe there are, like, 12 or 15 different  
7 sections of that course that you have to go  
8 through and read the materials and do the  
9 assignments -- and then at the end of those,  
10 write some sample life care plans and get a  
11 certificate of completion. And once you have  
12 a certificate of completion of that course,  
13 then you enroll into the test. And once you  
14 enroll, you take the online test. I think  
15 it's about a three- or four-hour-long test.  
16 And you pass it, then you get your license,  
17 and you can write life care plans.

18 Q. And, then, also on your  
19 certifications, it says you are a  
20 "Credentialed ImPACT Consultant."

21 A. Yes.

22 Q. What is that?

23 A. So in order to become a certified  
24 ImPACT Consultant -- again, you have to go  
25 through completion of course material that,

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1 again, there's different modules of that  
2 course. You have to watch those videos, then  
3 there is assignments that you have to complete  
4 those assignments, and there is -- each  
5 section has its own course that you have to  
6 take, a brief test that you have to take, and  
7 I believe -- it was quite a while ago.

8 And after you complete all the  
9 course work, then you take a exam. And if you  
10 pass the exam, then you become certified  
11 ImPACT Consultant.

12 Q. Okay. But explain to me, if you  
13 can, what an ImPACT Consultant is or does?

14 A. So ImPACT is a brief neurocognitive  
15 assessment platform. It's a computerized  
16 platform that assesses a patient's long-term  
17 memory, short-term memory, and attention span,  
18 processing speeds, and reaction times. So  
19 that's what it tests the patient on, by giving  
20 them different tests. It lasts anywhere from  
21 30 minutes to 45 minutes. And after the  
22 patient completes those tests, then there is  
23 different scores that are generated. And then  
24 the interpretation of those scores and what it  
25 means, that is what the duty of a certified

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1     ImPACT Consultant is.

2           Q.       And the training that you described  
3     to become a Credentialed ImPACT Consultant  
4     lasts how long?

5           A.       It depends on the pace that you are  
6     doing the training at. It is -- it can take  
7     up to three months. It's self-paced course,  
8     so it can take up to three months, it can take  
9     up to six months for practitioners to complete  
10    it.

11          Q.       And the training is provided by the  
12    same company that developed the software  
13    platform?

14          A.       Yes.

15          Q.       When did you obtain that ImPACT  
16    Consultant designation?

17          A.       I believe that was back in 2017 or  
18    '16, one of those years.

19          Q.       And do you have to do anything to  
20    maintain that; or once you have that  
21    credential, you have it for life?

22          A.       No. You have to maintain it. I  
23    have to review articles. I have to attend  
24    webinars. I have to keep updated and continue  
25    to maintain my certification on a yearly

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1 basis.

2 Q. And that's with the same company  
3 that makes the ImPACT software platform?

4 A. That is correct.

5 Q. The "ACLS certified" designation  
6 you have on your CV, what is that?

7 A. It's called "Advanced Cardiac Life  
8 Support."

9 Q. Okay. And when did you obtain that  
10 certification?

11 A. I believe we have to renew it every  
12 year or every two years, so I think it was --  
13 I renewed it last year.

14 Q. You also list on your  
15 certifications, the fifth bullet point down on  
16 my copy of your CV, it says "traumatic brain  
17 injury specialist," but it doesn't reference  
18 any organization. Is that a designation you  
19 have from some organization?

20 A. So, no, it is not a designation  
21 from an organization. It is by virtue of my  
22 practice and my experience and my training  
23 that I have sort of become -- specialized in  
24 seeing patients with traumatic brain injury.

25 Q. Okay. But that's not a

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1 certification; that's your characterization of  
2 the nature of your experience?

3 A. Correct.

4 Q. Let's talk about your work  
5 experience a little bit.

6 And let me know if you need to take  
7 a short break. We're coming up on an hour,  
8 but do you want to press on?

9 A. I'm okay.

10 Q. Okay. Well, give me the high sign  
11 if you would like to take a quick break.

12 A. Okay.

13 Q. So on your "Professional  
14 Experience" list, it first lists you as an  
15 assistant professor of anesthesiology at  
16 Memorial Hermann Hospital-Texas Medical  
17 Center, from August of 2013 to December of  
18 2015. First, is all of that accurate?

19 A. Yes. I worked at Memorial Hermann  
20 Hospital-Texas Medical Center as assistant  
21 professor of anesthesiology.

22 Q. Okay. And so was that your first  
23 medical job post-residency and fellowship?

24 A. Yes.

25 Q. All right. So from October 2012

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1 until August of 2013, what, were you studying  
2 for boards? Why the time gap, is what I'm  
3 driving at.

4 A. Ask your question again.

5 Q. Yeah. I'm just trying to account  
6 for the time gap between finishing your  
7 neurocritical care fellowship in October 2012  
8 and your starting work at Memorial Hermann in  
9 August of 2013.

10 Is that just because you were  
11 studying for your medical boards and taking  
12 the tests, or was there another reason for the  
13 gap in time?

14 A. Oh, no. I started in Memorial  
15 Hermann in January, and so I completed my  
16 fellowship in October of 2012. So November,  
17 December, there was two months in between  
18 there, getting the credentials and getting all  
19 the paperwork done for the hospital.

20 Q. Okay.

21 A. And then I was studying for the  
22 exam, also.

23 Q. Okay. So you say you started in  
24 January; that's January of 2013?

25 A. Yes.



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1 Q. And did you start as an assistant  
2 professor of anesthesiology?

3 A. Yes. I started as an  
4 anesthesiologist, and by August, I was working  
5 in their neurocritical care as a  
6 neurointensivist, also.

7 Q. So I want to be clear.  
8 From January of 2013 to August of  
9 2013, you were working at Memorial Hermann as  
10 an assistant professor of anesthesiology?

11 A. Yes.

12 Q. Okay. And, actually, you continued  
13 in that role through December of 2015 as an  
14 assistant professor of anesthesiology, but you  
15 also took on another role?

16 A. Yes. So I was working more in the  
17 neuro-ICU and then less in the operating room,  
18 but I was -- I would say my credentials were  
19 still there. So if I wanted to work in the  
20 operating room, I could. But I was doing more  
21 of the neurocritical care work.

22 Q. Okay. So for the first eight  
23 months of 2013, you were practicing actively  
24 as an anesthesiologist?

25 A. Yeah, you could say that. I was

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1 doing -- you know, by August, I started doing  
2 both and then transitioning to  
3 neurointensivist.

4 And then, as I said, I had  
5 credentials, and, here and there, I would fill  
6 in the requirements in the operating room.  
7 But most of the times, I was working as  
8 neurointensivist.

9 Q. Okay. And you say -- I'm not  
10 really clear on the -- why this is listed this  
11 way on your CV, but at least on the one I  
12 have, on the bottom of page 1, it says, under  
13 your professional experience, "Memorial  
14 Hermann Hospital Southwest."

15 Oh, it's a different location,  
16 maybe. "Attending neurointensivist, August  
17 2013 through October 2018."

18 And then at the top of page 2, it's  
19 "Memorial Hermann Hospital-Texas Medical  
20 Center, attending neurointensivist, August  
21 2013 through December 2015."

22 So the difference is there are  
23 different locations of Memorial Hermann  
24 Hospital?

25 A. Correct. So Memorial Hermann --

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1 the way Memorial Hermann works is they have  
2 multiple locations in Texas, or in Houston  
3 area, and you go to work in more than one  
4 location. And while I was working in Texas  
5 Medical Center, then I also started working in  
6 the Southwest location, also.

7 Q. Okay. And that's Southwest -- both  
8 of those are in Houston, Southwest and the  
9 Texas Medical Center?

10 A. Yes, that is correct.

11 Q. What is a neurointensivist?

12 A. A neurointensivist is a physician  
13 that is trained to diagnose and treat patients  
14 who have critical brain-related conditions.  
15 And those critical brain-related conditions or  
16 brain pathologies are several of those. These  
17 are -- include brain hemorrhages, brain  
18 strokes, brain swellings, brain tumors,  
19 vascular malformations, aneurysms, sepsis,  
20 musculoskeletal disorders, infarctions, and  
21 autoimmune conditions, age-related conditions,  
22 and also encompasses general critical care in  
23 it as well.

24 Q. So in that work, whether at Texas  
25 Medical Center or at Southwest, the two

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1 locations of Memorial Hermann, is it correct  
2 that your -- you were dealing with acute brain  
3 injury patients? Is that a correct  
4 characterization?

5 A. "Acute" in the sense that --  
6 patients who required hospitalization related  
7 to their brain conditions. And so in Memorial  
8 Hermann Southwest, along with brain-related  
9 conditions, it was also general critical care  
10 as well.

11 Q. I'm sorry. That was at Southwest  
12 that it was general critical care as well?

13 A. Yes. So it's -- I was doing both.  
14 So I was an attending neurointensivist, but  
15 they did not have a dedicated neuro-ICU at  
16 that time, so the patients who required  
17 advanced critical care for their brain  
18 conditions, they were admitted to that ICU,  
19 and along with that, they were general  
20 critical care patients, also.

21 Q. Okay. I understand.

22 And just -- I think I understand  
23 your explanation, but as a for instance, if,  
24 say, I have a stroke and then I would be  
25 admitted -- if I were in Houston, Texas, I

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1 might be admitted to Memorial Hermann  
2 Hospital. I would go to this critical care  
3 unit for my initial care and treatment; am I  
4 right about that?

5 A. Yes, that is correct.

6 Q. Okay. But then for, if I might  
7 need rehab and longer-term recovery care, that  
8 would be done somewhere else other than the  
9 critical care unit; is that right?

10 A. Yeah. So the way it works is a  
11 patient would come to neuro-ICU or the ICU for  
12 their acute support, and then they are --  
13 don't require one-on-one care, one-on-one  
14 support, then they will be downgraded to a  
15 tele-unit or telemedicine unit. And then  
16 there will be more involved care, but not as  
17 involved as in the ICU setting. So then the  
18 patient will go into the telefloor.

19 Now, after staying there for a few  
20 days, then they are further downgraded into  
21 general medical floor because they're not  
22 requiring continuous telemonitoring. So their  
23 condition, if it continues to improve, they  
24 continue to be downgraded to different units.  
25 So when they go to general medical floor, then

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1     there the nursing staff has, let's say, four  
2     patients per nurse. So they are not getting  
3     as -- you know, one-on-one care because their  
4     condition is improving.

5                     So from there, the decision will be  
6     made whether they need to go home or whether  
7     they need to go to any, you know, rehab  
8     facility or any advanced skilled nursing  
9     facility and so forth. So it depends on  
10    hospital policies -- or different hospitals  
11    have different practice policies.

12                    In Texas Medical Center, when we  
13    were doing neuro-ICU, then the same team would  
14    transfer the patient, whether to a telefloor  
15    or neuro, general medical floor. And we would  
16    follow the patient from the ICU to the general  
17    medical floor until their further disposition  
18    is decided, whether they are going home or  
19    whether they are being transferred to a rehab  
20    facility or a nursing facility; versus at  
21    Memorial Hermann Southwest, there will be  
22    different team that will take over once the  
23    patient is transferred out of the critical  
24    care unit.

25            Q.           Okay. So during the -- your

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1 service at Southwest Memorial Hermann, you  
2 were part of the critical care unit, which  
3 would be the first stop for a critical care  
4 patient, be it neuro or otherwise?

5 A. Correct.

6 Q. But if -- when that patient  
7 progressed to other floors or wards or  
8 programs, you would not follow the patient at  
9 Southwest?

10 A. Correct.

11 Q. But at Texas Medical Center,  
12 you're -- the critical care team would follow  
13 the patient to the next steps in treatment?

14 A. Correct.

15 Q. All right. At this Southwest work,  
16 from August 2013 to October 2018, you  
17 indicated that it was general critical care,  
18 as well as -- which included a subset of  
19 neurocritical care. Do you have any way of  
20 characterizing what proportion of the critical  
21 care was neuro involved during your time at  
22 Southwest?

23 A. It was both, mixed.

24 Q. Okay. And were there -- was it  
25 like a practice team that would staff the

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1 critical care unit at Southwest; would that be  
2 a fair way to put it?

3 A. Yes. It was a team of providers.  
4 There was a 24/7 coverage of the critical care  
5 units everywhere, so there was a team of  
6 providers who would provide this 24/7  
7 coverage.

8 Q. Okay. And were there neurologists  
9 on that team?

10 A. Yes. There were neurologists who  
11 have had training in critical care.

12 Q. Okay. And what about  
13 neuroradiologists; were they part of the team  
14 at Southwest?

15 A. So it's a multidisciplinary team,  
16 where the neuroradiologist, if we order  
17 neuroradiological procedure for the patients,  
18 then, yes, they will get involved. But they  
19 were not involved in day-to-day diagnosis,  
20 treatment, and management of the patients.

21 Q. Your next job that's listed on your  
22 professional experience, which actually  
23 overlaps the time at the two Memorial  
24 Hermanns, was March of 2013 through August of  
25 2015, at MODSculpt -- M-O-D-S-C-U-L-P-T --



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1 Medical Spa. You were the medical director.

2 What did that spa do?

3 A. So, it was a wellness facility.

4 They took care of multiple different aspects  
5 of wellness, including weight loss, including  
6 hormonal replacements, including aesthetic  
7 procedures, including -- and I think those  
8 were the main -- I think nutrition guidance,  
9 also, and hormone replacement. So those were  
10 the main areas of that facility.

11 Q. I'm sorry. Earlier, you said  
12 something "procedures" and I missed what the  
13 word was.

14 A. I said they were doing wellness  
15 procedures for the patients.

16 Q. Okay. It says "Sculpt" in the  
17 name. Did it include -- what, was it like  
18 liposuction? Was that happening at this spa?

19 A. Yes. So aesthetic procedures.

20 Q. "Aesthetic procedures." That's  
21 what you were saying.

22 A. Yes.

23 MR. VERLANDER:

24 Off the record, Michelle.

25 (Whereupon, a recess was taken.)

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1 BY MR. VERLANDER:

2 Q. So was that business -- was that a  
3 business of which you were an owner, the  
4 MODSculpt Medical Spa?

5 A. I was part owner.

6 Q. Okay. And were there other  
7 physicians working in that spa or just you?

8 A. I was a supervising physician  
9 there. There were nurse practitioners and  
10 there were other aestheticians who were  
11 working there.

12 Q. Okay. So you were the only M.D.?

13 A. I believe in the beginning. But  
14 later on, I think there was an ENT specialist  
15 who was doing some aesthetic procedures. She  
16 was also a part of the practice.

17 Q. And you said "ENT"?

18 A. Yes. Ear, nose, and throat.

19 Q. Yes. So aesthetic procedures by an  
20 ENT, what does that mean; like, nose jobs?  
21 What does that mean?

22 A. They do -- so it was not a surgical  
23 facility, so they will not do bigger  
24 procedures, surgical procedures.

25 So ear, nose, throat cosmetic

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1 doctors, they can do office-based procedures,  
2 so she was doing that.

3 Q. So, again, what does that mean;  
4 like Botox?

5 A. Yes. That, and some other  
6 aesthetic procedures such as collagen fillers  
7 and I believe other minor office-based  
8 procedures that she would do.

9 Q. Okay. And what caused you to leave  
10 MODSculpt?

11 A. It was a decision that I made to  
12 pursue -- it was time-related. I would say  
13 more of a time concern for me because I was  
14 more -- saw myself and wanting to give more  
15 time to my critical care and anesthesia  
16 practice and traumatic brain injury side of  
17 it. So there were conflicts of time where I  
18 felt like I was not able to give enough time  
19 to both of the areas, so I decided to pursue  
20 what I felt that I liked more.

21 Q. Okay. And then Advanced  
22 Diagnostics Hospitals and Clinic, you were  
23 working as an anesthesiologist from October of  
24 2015 to March of 2018.

25 So you were practicing as an

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1     anesthesiologist at that institution?

2           A.        Yes, I was.

3           Q.        And that was at the same time as  
4     you were working in the critical care unit at  
5     Southwest; correct?

6           A.        Correct.

7           Q.        How was your time divided there, if  
8     you can characterize that?

9           A.        Yeah. It was -- it's hard to  
10    characterize and say how much, you know, time  
11    I was doing at Texas Brain Center or Advanced  
12    Diagnostic or Southwest. It was, I would say,  
13    probably 60/40 or 70/30 percent.

14          Q.        And in which direction?

15          A.        So more at Advanced Diagnostics. I  
16    would say 50 percent or 60 percent, Advanced  
17    Diagnostics, and 40 percent or 30 percent at  
18    Memorial Hermann Southwest.

19          Q.        Okay. So then January of '16, you  
20    also began working at Texas Brain Center as  
21    the medical director, from January '16 to  
22    March of 2018, which also overlaps your work  
23    in the critical care unit at Southwest;  
24    correct?

25          A.        Correct.

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1           Q.           All right. So if I'm looking at  
2   these dates correctly, in January of '16  
3   through March of 2018, you were working at all  
4   three places: Southwest, Advanced  
5   Diagnostics, and Texas Brain Center. Is that  
6   right?

7           A.           Yes, that is correct.

8           Q.           Were you an owner of Texas Brain  
9   Center?

10          A.           No, I was not.

11          Q.           And you were medical director  
12   there; correct?

13          A.           Correct.

14          Q.           Were there other MDs working at  
15   Texas Brain Center?

16                   THE DEPONENT:

17                   Sorry. My lights keep turning  
18                   off.

19                   MR. VERLANDER:

20                   Okay. We'll pause.

21                   THE DEPONENT:

22                   They're back on.

23   BY MR. VERLANDER:

24          Q.           Were there other MDs working at  
25   Texas Brain Center when you were there?

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1           A.           I would consult with other doctors  
2   as part of Texas Brain Center, yes.

3           Q.           Well, okay. Were you an employee  
4   of Texas Brain Center?

5           A.           Yes.

6           Q.           Were there other MDs who were  
7   employees of Texas Brain Center --

8           A.           That, I don't know.

9           Q.           -- at the time you were there?

10          A.           I don't know. I would consult with  
11   other doctors who worked there, but I do not  
12   know their status of whether they were  
13   employees or not.

14          Q.           Were these other doctors full-time?

15          A.           Again, I don't know their specific  
16   arrangements, but I knew they were there  
17   working. And if I needed to consult with  
18   them, I would consult with them.

19          Q.           And what sort of doctors were  
20   these; neurologists, neuroradiologists?

21          A.           There were neuroradiologists.  
22   There were orthopedic surgeons. There were  
23   primary care physicians. There were hand  
24   surgeon. There were orthopedic spine --  
25   multiple different specialities.

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1 Q. Okay. So Texas Brain Center  
2 treated things other than brain injuries?

3 A. So I would see the patients with  
4 brain injuries, but if those brain injury  
5 patients required further treatment and care,  
6 then I would send them to the appropriate  
7 provider.

8 Q. Which were also operating within  
9 Texas Brain Center?

10 A. I would not say that they were  
11 operating within Texas Brain Center, but they  
12 were operating under the Advanced Diagnostics  
13 Hospital. And I don't know -- I was not the  
14 owner of Texas Brain Center, so they may be  
15 operating under it or they may not be. I  
16 don't know.

17 Q. I see.

18 So did Texas Brain Center work in  
19 conjunction with Advanced Diagnostics  
20 Hospitals?

21 A. Yes.

22 Q. And was the gentleman that you were  
23 partners with previously in NBII an owner of  
24 Texas Brain Center?

25 A. No, he was not.

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1           Q.           All right. And then in March of  
2   2018, we've already talked about you started  
3   NBII as a co-owner and then later became full  
4   owner in 2019, when you bought out Dr. Gomes.

5           A.           Correct.

6           Q.           And did I say that right? Is that  
7   how he says his name?

8           A.           Yes.

9           Q.           Is Dr. Gomes still practicing in  
10   Houston; do you know?

11          A.           I don't know for -- I haven't  
12   spoken with him, so I don't know.

13          Q.           And from -- well, you continued at  
14   Southwest for -- what, about six months after  
15   you started NBII, you were also still working  
16   at Memorial Hermann Southwest?

17          A.           That is correct.

18          Q.           All right. And then from October  
19   2018 to the present, you've been exclusively  
20   working at National Brain Injury Institute?

21          A.           Correct.

22          Q.           And is your practice exclusively in  
23   the evaluation and management of traumatic  
24   brain injury since you went full-time at NBII?

25          A.           Yes.



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1 Q. From March of 2018 until October of  
2 2018 -- same question as I asked earlier about  
3 the overlapped way.

4 Can you characterize the proportion  
5 of time you spent at Memorial Hermann versus  
6 NBII?

7 A. I would say it was probably about  
8 50/50.

9 Q. Okay.

10 MR. VERLANDER:

11 I tell you what. We've been  
12 going almost an hour and a half.  
13 Can we have about a five-minute  
14 break, if that's okay with you?

15 THE DEPONENT:

16 Yes. Sure.

17 MR. VERLANDER:

18 And can you remind me -- your  
19 counsel indicated at the outset --  
20 what your hard stop time is today?

21 THE WITNESS:

22 It's 2:00 PM.

23 MR. VERLANDER:

24 2:00 PM, okay. So let's just  
25 take a short break and we'll press

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1 on until you have to stop, and  
2 maybe we'll be done, but, if not,  
3 figure out Part 2.

4 All right. So for now, let's  
5 say until 11:30. It's 11:25 now.

6 THE DEPONENT:

7 Thank you.

8 MR. VERLANDER:

9 All right.

10 (Whereupon, a recess was taken from 11:25 to  
11 11:32 a.m.)

12 MR. VERLANDER:

13 Dr. Haider, I guess we've been  
14 talking about -- and, Jay, I'll ask  
15 you to weigh in on this if you have  
16 an opinion.

17 We've been talking about your  
18 CV, with which we've been provided,  
19 which I will attach as Exhibit 1 to  
20 your deposition, and I'll provide  
21 that to the court reporter.

22 (Exhibit No. 1 is marked for  
23 identification and is attached  
24 hereto.)

25 THE DEPONENT:

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1                   That's not the most recent CV  
2                   that you have. I think it's  
3                   missing my board certifications,  
4                   and it has typo errors in it, so it  
5                   seems to be a quite old CV.

6       BY MR. VERLANDER:

7           Q.       Yes, ma'am. Well, that's exactly  
8       where I was going. I wanted to see if you  
9       could --

10                  MR. VERLANDER:

11                  And, Counsel, I defer to you on  
12                  how you want to accomplish this,  
13                  but, Dr. Haider, if you could  
14                  email, really, all of us or to  
15                  Michael or to Rock and Jay -- how  
16                  ever y'all want to do it -- a copy  
17                  of your current CV so that we can  
18                  have the most up-to-date  
19                  information?

20                  THE WITNESS:

21                  All right. I'm going to write  
22                  it down, that I have to provide the  
23                  most updated CV.

24                  MR. VERLANDER:

25                  Mr. Feibus, how would you like

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1 us to do that?

2 MR. FEIBUS:

3 (No response.)

4 MR. VERLANDER:

5 He must have migrated.

6 How about you, Jay?

7 MR. BICE:

8 Paul?

9 MR. VERLANDER:

10 Yes, sir.

11 MR. BICE:

12 If I understand the question,  
13 Dr. Haider is going to get us an  
14 updated copy of her CV, and we'll  
15 agree to get that to you, upon  
16 receipt.

17 MR. VERLANDER:

18 Yeah. That's great. I was  
19 trying to ask Mr. Feibus, but he  
20 must be away at the moment.

21 THE DEPONENT:

22 Can I get your email? Who's  
23 email that -- who am I going to be  
24 providing it to?

25 MR. VERLANDER:

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1 Jay?

2 MR. BICE:

3 Jay@veronbice.com.

4 And, Paul, I will forward it to  
5 you upon receipt.

6 MR. VERLANDER:

7 Okay. Great.

8 And Denia please, too, so she  
9 can digest it while I'm asking  
10 questions on other things. But I'm  
11 sure we've covered most of it, but  
12 I just want to make sure, since  
13 clearly there is a more updated  
14 version than what we have.

15 MR. BICE:

16 Okay. Will do.

17 MR. VERLANDER:

18 All right. Thank you, Jay.

19 MR. BICE:

20 Thank you.

21 BY MR. VERLANDER:

22 Q. Dr. Haider, while we're talking  
23 about paperwork, we, the defense counsel in  
24 this case, cannot identify a past testimony  
25 list for you. And that's -- I can't swear

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1 that that's never been provided because there  
2 was prior counsel in this case, and perhaps it  
3 has been. But do you have a list of your  
4 prior testimony?

5 A. Yes, I do. And that should have  
6 been provided. That is one of the standard  
7 documents that, you know, is always provided  
8 to whoever is asking for the deposition. So  
9 my apologizes if you did not get it, but I do  
10 have a list of my prior deposition testimony.

11 Q. Okay. So may we add that to the --

12 A. Yes.

13 Q. -- matter to be emailed to  
14 Mr. Bice, please?

15 A. Right.

16 Q. Thank you.

17 And what we'll do, at some point,  
18 we'll take another short break to allow you to  
19 go ahead and email that so you're not trying  
20 to answer questions and email at the same  
21 time.

22 You indicated that you estimate  
23 that you've given 15 depositions in the last  
24 year or so; do I remember that right?

25 A. Yes. Probably 15 to 20 -- or I

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1 have to look at the list, but I think it's  
2 around 15 to 20 or maybe 25.

3 Q. Okay. Have you testified in court  
4 as an employee of NBII?

5 A. What do you mean by "employee of  
6 NBII"?

7 Q. Well, you've been an employee of  
8 NBII since March of 2018 to present; right?

9 A. Yes. So I have testified in court.  
10 I don't remember if I testified last year or  
11 not. 2020, I think it was -- everything was  
12 done via Zoom. So I don't think I went to the  
13 court. Maybe, if I went to the court for  
14 testimony in January or February, I don't  
15 remember it.

16 Q. Okay.

17 A. But I have testified in the court  
18 before.

19 Q. Okay. In light of that, the way  
20 you answered there, let me make sure I'm being  
21 clear to you.

22 I'm not limiting it to physically  
23 appearing in a courtroom. So it would  
24 include, like if it were by Zoom or some other  
25 remote or video technology that you gave trial

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1 testimony in -- in any cases during your  
2 tenure at NBII.

3 A. I have given testimony at trials in  
4 the court. I'm just trying to remember if I  
5 did it last year. I don't think I did it via  
6 Zoom, so if it was, then it was prior to  
7 March.

8 Q. Do you know how many times you have  
9 testified in as a trial testimony?

10 A. Probably three or four times.

11 Q. And were you offered as an expert  
12 on those occasions?

13 A. I don't remember.

14 Q. Okay. I guess that answers the  
15 second question.

16 If you don't remember whether you  
17 were tendered, you don't remember what area  
18 you would have been tendered in any of these  
19 trial testimony cases; am I right?

20 A. Ask the question again, please.

21 Q. Yeah. It may be poorly worded.

22 I assume this is subsumed in your  
23 prior answer --

24 MR. FEIBUS:

25 Paul, just to clarify, there



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1                   might be some confusion between the  
2                   two of you guys as to whether or  
3                   not she was testifying as a  
4                   treating physician versus a  
5                   retained expert, and that might not  
6                   have been what you're asking versus  
7                   what she's answering. Just trying  
8                   to help clear that up.

9                   MR. VERLANDER:

10                   Okay. Thank you, Michael.

11                   BY MR. VERLANDER:

12                   Q.           So, Dr. Haider, did you hear what  
13                   your counsel said there?

14                   A.           Yes. My understanding is that I am  
15                   testifying today as a treating physician.

16                   Q.           I'm sorry. You're testifying today  
17                   as a treating physician?

18                   A.           Yes.

19                   Q.           Okay. And so you don't understand  
20                   yourself to be a retained expert for the  
21                   plaintiff in this case, Ashley Moreaux?

22                   A.           Yes. That is my understanding.

23                   Q.           Okay. So testimony at trial since  
24                   you started NBII, whether as treating  
25                   physician or as a retained expert, do you

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1 recall how many times since you started at  
2 NBII in March of 2018?

3 A. I don't remember how many times I  
4 testified as an expert or a treating  
5 physician.

6 Q. Okay. And help me understand  
7 what's the distinction in your mind between,  
8 for example, here you're saying you're  
9 testifying as as treating physician. What's  
10 the -- what's the distinction when you're  
11 testifying as a retained expert?

12 A. So every case that I have  
13 testified, either in court or at a deposition,  
14 I have treated those patients. They are  
15 actually under my care. So for me, I'm their  
16 treating physician, and that's how I am  
17 testifying.

18 But in your legal terminology, I  
19 think sometimes you like to say it's, you  
20 know, an expert or treating physician. So far  
21 that I have testified for everyone, they are  
22 my patients.

23 Q. Okay. I understand. And we'll get  
24 into in a minute the occasion or occasions on  
25 which you've seen Ms. Moreaux and what the

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1 nature of your care for her is, but I  
2 understand what you're saying there.

3 Do you recall whether you have ever  
4 been tendered as an expert in any case in  
5 state or federal court where you have been  
6 limited or rejected by the court in the  
7 tendered field of expertise?

8 A. Not to my knowledge.

9 Q. And I'm sorry. I think you  
10 answered this earlier, but I want to make sure  
11 I'm clear on it.

12 Your best recollection right now --  
13 and I guess we'll go to the testimony list  
14 when we get it -- but is that during your  
15 tenure at NBII, you have testified at trial,  
16 you think, three or four times, or do I have  
17 that wrong?

18 A. Yeah. I think that is close, maybe  
19 could be -- number could be one or two more,  
20 but that's not a significant difference.

21 Q. And do you know whether you have  
22 ever been tendered in court as an expert in  
23 traumatic brain injury?

24 A. I have to look at the -- I have to  
25 go back and look how the --

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1 THE DEPONENT:

2 There's a lot of background  
3 noise.

4 MR. VERLANDER:

5 Yeah. I hear it, too.

6 They're muted now, though.

7 THE DEPONENT:

8 Okay.

9 So expert as a traumatic brain  
10 specialist, probably, yes, that's  
11 how I have been seeing my patients  
12 and treating them for. But I have  
13 to see their designation. I don't  
14 see that paper or document, how  
15 they file it with the court.

16 BY MR. VERLANDER:

17 Q. Okay. You mentioned you are the  
18 CEO of NBII; correct?

19 A. Correct.

20 Q. And you're also still the medical  
21 director?

22 A. Yes.

23 Q. And then you mentioned -- I don't  
24 remember the name of the guy that's the vice  
25 president. "Tim Dillard," was it?

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1 A. Correct.

2 Q. How many other full-time employees  
3 does NBII have?

4 A. Probably, like, 14 or 15 or 16.

5 Q. And they're -- those 14 to 16 are  
6 spread among the four offices you mentioned  
7 earlier?

8 A. Yes.

9 Q. All right. And for the Houston  
10 office, is there an individual who handles the  
11 new patient intake process or is it multiple  
12 people?

13 A. There are multiple people.

14 Q. All right. But you said there are  
15 written forms that are filled out when a new  
16 patient contact occurs and that patient is  
17 going to be seen by you.

18 A. So what I said is that there are --  
19 if a referral form is sent to us, there is no  
20 form that we are creating when we get that  
21 referral. So whether we get the referral via  
22 phone, whether we get the referral with some  
23 kind of form filled out and sent to us, that's  
24 what I meant.

25 Q. Okay. But the form, is that

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1 something that's available through your  
2 website, the intake form?

3 A. Yes. So they could use that intake  
4 form that is on our website, or a lot of times  
5 we get patients from other providers,  
6 physicians, and chiropractors, where the  
7 referral will be written on a prescription  
8 paper, or the referral will be in the form of  
9 their referral form. So there is multiple  
10 different forms that we could receive.

11 Q. Do you track in your business the  
12 source of referral for your patients?

13 A. No, we don't.

14 Q. So you don't know whether they're  
15 coming to you more from other medical  
16 providers or attorneys?

17 A. No, we don't.

18 Q. I understand you don't track it.

19 The second question was whether you  
20 know or don't know whether they come more from  
21 other medical providers or from an attorney?

22 A. No. We don't track.

23 Q. I understand you don't track. I'm  
24 also asking: Do you, Dr. Haider, know whether  
25 more of your referrals come from attorneys or

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1 more come from other medical providers?

2 A. No, I don't know.

3 Q. Okay. You have someone in your  
4 Houston office who handles billing?

5 A. Again, there is multiple people  
6 who, in the back office, would do billing,  
7 also.

8 Q. Okay. How many people are we  
9 talking about in Houston, these multiple  
10 people?

11 A. There would be about five or six  
12 different individuals.

13 Q. Five or six different individuals  
14 who handle billing?

15 A. Yes.

16 Q. Are those the same five or six who  
17 would handle new patient intakes?

18 A. So the admin at the back office,  
19 the admin work is done by all the back office  
20 employees.

21 Q. Okay. Do you have an office  
22 manager?

23 A. We have an operations manager.

24 Q. Who is that?

25 A. His name is Juan Hernandez.

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1 Q. I'm sorry. Juan Hernandez?

2 A. Yes.

3 Q. And that's -- I'm sorry. That's a  
4 male or a female?

5 A. Male.

6 Q. Okay. I'm sorry. I thought you  
7 said "her."

8 And I noted that you have a listing  
9 on the Houston Injury Solutions Network; were  
10 you aware of that?

11 A. I know of it.

12 Q. Do you know of the Houston Injury  
13 Solutions Network?

14 A. I know that I'm listed on their  
15 network, on their website.

16 Q. Okay. And what's your  
17 understanding of what that network is, or  
18 does?

19 A. My understanding is that it's a  
20 network of different providers, and those  
21 providers belong to different specialties and  
22 subspecialties. And that is a referral  
23 network, so any patient that needs to be  
24 referred to a specialist or subspecialist uses  
25 that network.



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1           Q.           Okay. And is it your understanding  
2   that this Houston Injury Solutions Network is  
3   primarily related to personal injury  
4   litigation, or do you know?

5           A.           No, I don't know.

6           Q.           Are you or is the NBII on any other  
7   similar injury networks?

8           A.           Not that I'm aware of.

9           Q.           Have you ever given seminars in  
10   continuing legal education in the area of  
11   traumatic brain injury?

12          A.           Yes, I have.

13          Q.           And for which organizations have  
14   you done that?

15          A.           I've done those -- I do those for  
16   chiropractors. I do those for -- like, I get  
17   invitations to talk on different seminars.  
18                        So I have done it for Brain SoCal.  
19   I have done it for Cal Chiro Association,  
20   which is an association of chiropractors. I  
21   have -- I think I have done a seminar for  
22   Houston Injury Network, also.

23                       I have done -- actually, there is  
24   one coming up for American Board of Headache  
25   Medicine, later part of January. I'm doing

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1 two webinars for them. So I do quite a few  
2 seminars, all across.

3 Q. The one that you did for Houston  
4 Injury Network, what was the subject?

5 A. I don't remember. It was -- I  
6 think it was a long time ago.

7 Q. Was the audience attorneys or other  
8 medical providers?

9 A. I don't know. My understanding  
10 is -- it is a chiropractic association, and so  
11 the audience could be pain management  
12 physicians, chiropractors, lawyers, or any  
13 other providers.

14 Q. Are there other MDs who are  
15 full-time employees of NBII?

16 A. Full-time, no. But we do have MDs  
17 who are working in the capacity of independent  
18 contractors.

19 Q. Okay. What about  
20 neuropsychologists; do you have any  
21 neuropsychologists who are employees, or are  
22 the ones that you use all independent  
23 contractors?

24 A. We have one forensic psychologist  
25 who is a part-time employee of NBII.

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1 Q. And who is that?

2 A. His name is Dr. Daniel Osborn.

3 Q. "Osborn"?

4 A. Yes.

5 Q. Was Dr. Osborn involved in Ashley  
6 Moreaux's assessment or care?

7 A. I believe not.

8 Q. According to the records I've seen  
9 and the deposition we took, there was a  
10 neuropsychologist by the name of Dr. Lauren  
11 Gavron, I believe, who was involved in  
12 Ashley's care; is that correct?

13 A. Yes, that is correct.

14 Q. She was an independent contractor?

15 A. She was independent contractor,  
16 yes.

17 Q. All right. Were there other --  
18 what about Dr. Filler; is he a part-time  
19 employee or is he an independent contractor?

20 A. He's an independent contractor.

21 Q. Were there other doctors, whether  
22 employees or independent contractors, other  
23 than you and Dr. Filler who were involved in  
24 Ashley's care?

25 A. I believe it was myself,

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1 Dr. Filler, and Dr. Gavron who were involved  
2 in Ashley Moreaux's care. I don't think there  
3 is any other doctor involved in her care.

4 Q. Okay. And you mention the five or  
5 six people that were involved in billing and  
6 patient intake forms and then the manager of  
7 operations. Are there other employees of NBII  
8 who are involved in -- directly in patient  
9 care or patient assessment?

10 A. We have medical assistants who are  
11 involved in direct patient care and  
12 assessment, and we have nurse practitioners  
13 who are also involved in direct patient care  
14 and assessment and treatment, yeah.

15 Other than that -- yeah, those will  
16 be additional.

17 Q. Okay. Are the nurse practitioners  
18 full-time employees?

19 A. We have one full-time nurse  
20 practitioner, and then we have others who are  
21 independent contractors, depending upon the  
22 requirements.

23 Q. Okay. And in the case of Ashley  
24 Moreaux, was there a nurse practitioner  
25 involved in her assessment or care?

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1           A.           So her initial assessment was done  
2    by myself. And I think the follow-up, the  
3    nurse practitioner was involved, but I have to  
4    double check.

5           Q.           And then is that something you have  
6    at your fingertips there or do you have to  
7    search for that?

8           A.           (Reviewing.)

9                        I have to check the notes, because  
10   if the nurse practitioner is involved, then  
11   their signature will be on the note  
12   (reviewing).

13                   MR. VERLANDER:

14                            I tell you what, while we're  
15                   pausing, Michelle, when we get the  
16                   updated CV for Dr. Haider, we'll  
17                   attach that as Exhibit 2 and then  
18                   the testimony list that she's also  
19                   going to provide to Jay as  
20                   Exhibit 3.

21                            (Exhibits No. 2 and No. 3 are  
22                   marked for identification and are  
23                   attached hereto.)

24                   MR. VERLANDER:

25                            And, Michael, you were, I

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1 think, away for a moment when I was  
2 raising this, and what we arranged  
3 is for Dr. Haider to send those  
4 documents I just referenced to Jay  
5 Bice, who will then circulate them.  
6 So I was trying to ask you that  
7 earlier, but that's the game plan,  
8 unless you object.

9 MR. FEIBUS:

10 And it's just a copy of her  
11 updated résumé?

12 MR. VERLANDER:

13 CV, and then also her testimony  
14 list which we appear not to have  
15 gotten. And she indicated that  
16 would normally be provided, so she  
17 is going to send that to Jay as  
18 well.

19 MR. FEIBUS:

20 Sure.

21 MR. VERLANDER:

22 Okay.

23 THE DEPONENT:

24 So, yes, the follow-up that we  
25 did was -- the nurse practitioner

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1 was involved in that follow-up.

2 BY MR. VERLANDER:

3 Q. And who was that?

4 A. Jacqueline Childs.

5 Q. "Childs"?

6 A. Yes. Jacqueline Childs.

7 Q. Okay. And is she a full-time  
8 employee or an independent contractor or a  
9 part-time employee?

10 A. She's a part-time employee.

11 Q. And she still, at present, is a  
12 part-time employee?

13 A. She's on maternity leave right now.

14 Q. Is there anyone in your practice or  
15 in NBII's organization who would have better  
16 recall or information about the breakdown of  
17 your practice litigation versus nonlitigation  
18 patients than you do? You've indicated a few  
19 times that you don't know and don't recall and  
20 can't even estimate. Is there anyone else in  
21 your organization who could give us better  
22 information about those questions?

23 A. No. There would be nobody else in  
24 the organization.

25 Q. So nobody in your organization

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1 knows what proportion of your patients are  
2 litigation versus nonlitigation?

3 A. We don't track that.

4 Q. Do you ever get guarantees or  
5 direct payments from attorneys for patients?

6 A. Can you explain what you mean by  
7 that?

8 Q. Yeah. An attorney providing a  
9 commitment to make sure that your bills get  
10 paid for a patient that's that attorney's  
11 client; does that ever happen?

12 A. What do you mean by "commitment"?

13 Q. A promise that that attorney will  
14 make sure that your bills get paid when you  
15 see that patient, his or her client.

16 No?

17 A. Now, if I understand the question  
18 correct, we don't get any such commitment that  
19 the bills are going to get paid.

20 Q. Okay. And what about in the --  
21 coming up on three years of existence of NBII,  
22 have your bills ever been paid directly by an  
23 attorney for a -- your patient, his or her  
24 client?

25 A. Yes, we have been paid.



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1                   And I don't understand your  
2   previous question correctly. Is it -- like,  
3   are you talking about any kind of a written  
4   agreement that we have? Or could you explain?  
5   Because we don't -- we don't -- to my  
6   knowledge, I don't have such commitment for  
7   sure that our bills are going to get paid.

8           Q.       Okay. And I wasn't -- ordinarily,  
9   it would be something in writing, but I wasn't  
10  trying to limit the question to that.

11                  Yeah. It's like if I'm a  
12  plaintiff's lawyer and I have a client that I  
13  want you to see as a patient, I might provide  
14  you with a written statement that I'll make  
15  sure that your bills are paid so that you  
16  don't have to worry about whether your bills  
17  are going to be paid.

18                  You don't recall ever doing such an  
19  arrangement with a plaintiff's lawyer?

20          A.       No. If the -- you know, the  
21  patient is ultimately responsible for paying  
22  their bills. So, no, I don't think we have --

23          Q.       There went the lights again.

24          A.       Yes, I know. I have to get up  
25  again.

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1                   Okay. So I don't think we -- I  
2   don't think we have any such commitment  
3   arrangement there, we have -- we know or  
4   somebody tells us that, you know, our bills  
5   are going to get paid for sure. No, I don't,  
6   not to my knowledge.

7           Q.       Okay. And you indicated, though,  
8   you have had bills paid for a patient by an  
9   attorney who represents that patient; that has  
10   occurred?

11          A.       Yes. We have had our bills paid.  
12   As I said, ultimately the patient is  
13   responsible for paying our bills, so whether  
14   the patient is paying the bills themselves or  
15   whatever is their means of paying the bills  
16   are. So we hold the patients accountable for  
17   making the payments.

18          Q.       Okay. But you do you recall at  
19   least some instances where the means by which  
20   the patient paid your bills was through his or  
21   her attorney?

22          A.       Yes.

23          Q.       And do you keep a record of that?  
24   Like, say, if Ashley Moreaux's bills were paid  
25   by Veron Bice firm; do you have a record of

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1 that in your business records?

2 A. No. We don't have tracking for  
3 that.

4 Q. You don't track where the money  
5 comes from to pay your bill?

6 A. No. We don't track that.

7 Q. Okay. Have you ever made an  
8 agreement with an attorney to defer the  
9 patient's bills until the case is settled or  
10 otherwise resolved?

11 A. So we -- I have not personally made  
12 such arrangements, but it's, again, the  
13 patient is ultimately responsible. When a  
14 patient comes to us, they sign a consent form,  
15 they sign a lien form. And in instances if  
16 the patient is represented, then I guess there  
17 is some kind of a written communication, a  
18 written letter from the attorney on behalf of  
19 the patient that the patient is going to pay  
20 the bills after whatever is the outcome of  
21 the -- their process or their litigation is.

22 Q. Okay. And do you keep that -- such  
23 letters in your files?

24 A. If we have received such letter,  
25 then it should be in the patient's folder.

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1 Q. And did you say you have the  
2 patient sign a lien letter? Did I understand  
3 that correctly?

4 A. Yes. It's the payment form;  
5 basically, who is responsible for paying our  
6 bills. So it's the patient who is going to be  
7 signing that standard form that we have for  
8 all the patients that they are responsible for  
9 paying our bills.

10 Q. Okay. I understand that, but I  
11 also thought you said earlier there was a lien  
12 letter, L-I-E-N. Did I misunderstand you?

13 A. No. That is what it is called.  
14 It's part of the consent form.

15 Q. Okay. Then do you just keep that  
16 lien letter in your file, or do you send it to  
17 someone else?

18 A. No. It stays in the patient's  
19 folder.

20 Q. Okay. You don't send it to the  
21 lawyers involved in the case?

22 A. No, we don't.

23 Q. Earlier, I was asking do you agree  
24 to defer collection of your professional fees,  
25 or NBII's professional fees, until the

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1 conclusion of a case by settlement or  
2 judgment, I guess, with a patient who is  
3 involved in personal injury litigation.

4 A. So it is the patient is --

5 THE DEPONENT:

6 I think there is an echo in the  
7 background.

8 MR. VERLANDER:

9 Jay, can you mute, please?

10 THE DEPONENT:

11 So it is the patient's  
12 responsibility, and I do not know  
13 what is -- the course of payment  
14 is, but my understanding is that  
15 yes, the patient is ultimately  
16 responsible for payment of the  
17 medical bills.

18 BY MR. VERLANDER:

19 Q. Yeah. Well, you've said that, that  
20 the patient's ultimately responsible, probably  
21 half a dozen or more times.

22 What I was asking, though, is: Do  
23 you ever agree to defer collecting your fees,  
24 your -- NBII's bills, until the conclusion of  
25 the patient's case? Does that ever happen?

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1           A.           No. We don't defer the collection  
2   of the fees.

3           Q.           Okay.

4                       All right. Let's talk about -- oh,  
5   sorry. When I was asking you questions  
6   earlier about your qualifications and all  
7   that, I forgot to ask you: You are licensed  
8   in the state of Texas; correct?

9           A.           Yes, I am.

10          Q.          And you've been licensed in the  
11   state of Texas as a medical doctor since when?

12          A.          Since I moved here, which is 2011.

13          Q.          And you've been continuously  
14   licensed in the state of Texas from 2011 to  
15   the present?

16          A.          Correct.

17          Q.          Do you hold licenses in any other  
18   states?

19          A.          I do.

20          Q.          Which states?

21          A.          I'm licensed in California. I'm  
22   licensed in Arizona. I'm licensed in New  
23   York. I'm licensed in Colorado. I'm licensed  
24   in Florida. Those are the ones I can remember  
25   off the top of my head.

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1           Q.           Okay. Have you ever been the  
2   subject of any complaint from any medical  
3   boards in any of the states in which you are  
4   licensed?

5           A.           In Texas, one time.

6           Q.           Okay. Tell me about that.

7           A.           I think it was related to -- I had  
8   posted my CV -- not myself. The office staff  
9   had posted my CV on the website, and it had my  
10   board eligibility listed on the website. I  
11   think that was two or three years back, when I  
12   was board eligible in headache medicine. And  
13   so I did not know, nor my office knew, that  
14   advertising board eligibility on the website  
15   is not allowed by Texas Medical Board.

16                    So somebody went ahead and wrote to  
17   Texas Medical Board about it. And so the  
18   Texas Medical Board asked me about the details  
19   of it, and I explained it to them, and they  
20   dismissed the complaint against me.

21                    And since then, I have become board  
22   certified in those areas where I was board  
23   eligible.

24           Q.           Okay. And other than that  
25   complaint in Texas, any other complaints of

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1     which you were the subject in any of the  
2     states in which you are licensed?

3           A.           No, not that I am aware of.

4           Q.           Have you ever had any of your  
5     licenses suspended or revoked for any reason?

6           A.           No, they have not.

7           Q.           Have you ever been the subject of  
8     any medical ethics complaints in any of the  
9     states in which you are licensed to practice?

10          A.           No, I have not.

11          Q.           Okay. Let's talk about Ashley  
12     Moreaux some more.

13                       I have a document called the  
14     "Initial Comprehensive Evaluation" for Ashley  
15     Moreaux, dated April 4th, 2020.

16                       Is that report reflective of your  
17     findings from your initial visit and  
18     assessment with Ashley Moreaux?

19          A.           Yes.

20          Q.           Okay. And how that appointment was  
21     set up and scheduled for, then, you don't  
22     know? That's other people in your office, and  
23     you don't know how that came to pass; am I  
24     right?

25          A.           Correct.



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1 Q. All right. But you said you're the  
2 one personally who did the initial  
3 comprehensive evaluation?

4 A. Yes.

5 Q. So when you -- and do you have this  
6 document in front of you? It's 19 pages.

7 A. Yes, it is.

8 Q. Okay.

9 MR. VERLANDER:

10 And we'll mark this as -- I  
11 think we're on Exhibit 4.

12 (Exhibit No. 4 is marked for  
13 identification and is attached  
14 hereto.)

15 BY MR. VERLANDER:

16 Q. Okay. And, again, this says at the  
17 bottom, "Initial Comprehensive Evaluation for  
18 Moreaux, Ashley, 1 of 19," and it goes through  
19 19 of 19.

20 So, ma'am, when you first saw  
21 Ms. Moreaux, this occurred in the Houston  
22 office of NBII?

23 A. It was via telemedicine.

24 Q. Okay. So do you know where she was  
25 when you were talking with her?

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1           A.           Yes. She had been at NBII's  
2   office, and she had a neuropsychological  
3   battery done. And then after that, I did my  
4   evaluation via telemedicine.

5           Q.           Okay. So the neuropsych assessment  
6   for NBII occurred for Ashley Moreaux in  
7   Houston?

8           A.           Yes. Correct.

9           Q.           And I'm sorry. As I'm asking you  
10   the question right now, I don't have the  
11   neuropsych in front of me. How far in advance  
12   of April 4 was that done?

13                    If you don't -- I can find it later  
14   if you don't know.

15          A.           So the date of service on that is  
16   April 3rd and April 4th, so that was split  
17   into two days. And on the -- April 4th, I did  
18   my evaluation.

19          Q.           Okay. But the way it happened was  
20   she came to Houston, did the neuropsych  
21   assessments during April 3rd continuing over  
22   to April 4, and then she drove back home, and  
23   you interviewed her via telemedicine?

24          A.           Yes. My assessment of her was via  
25   telemedicine.

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1           Q.           Yes. But what I'm trying to  
2 understand is why that was. If she was over  
3 there in Houston doing the neuropsych tests,  
4 why didn't you just see her in-person in  
5 Houston?

6           A.           There are two reasons.

7                       Number one, the assessment took two  
8 days, so she had to leave and drive back. But  
9 I did meet with her while she was having the  
10 neuropsychological assessment, in person. But  
11 I didn't do my evaluation here on-site because  
12 it was COVID concerns, also. And then she  
13 also had to drive back to her home before it  
14 was too late.

15          Q.           Okay. So you met her in person?

16          A.           Yes. I did briefly met her in  
17 person. But my comprehensive evaluation can  
18 take several hours, so I did not want her to  
19 stay here for three hours. So I met her  
20 briefly, but I did my evaluation via  
21 telemedicine with her.

22          Q.           Okay. And the -- and do you  
23 remember how she got to Houston? Did she  
24 drive herself? Did someone bring her? Was  
25 there someone with her?

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1           A.           When I did my evaluation with her,  
2   she was with her boyfriend.

3           Q.           Okay. But that was after she had  
4   left your office. Do you know, did he bring  
5   her to the neuropsych eval in your office?

6           A.           I have to read through the  
7   neuropsych eval to see who accompanied her.

8           Q.           But in your independent recall, you  
9   don't recall meeting anyone else when you met  
10   her in your office?

11          A.           No, I don't recall seeing anyone.

12                      So when we're doing neuropsych  
13   evals, nobody else is allowed to be in the  
14   room with the patient, so I would not expect  
15   to see anyone there at that time. So if there  
16   was someone accompanying her, they would be in  
17   the waiting area, waiting room.

18                      But again, if she -- I don't know  
19   if in the neuropsych this information will be  
20   written, if she was driven by someone to our  
21   office.

22          Q.           I understand. I'm just asking what  
23   you recall.

24          A.           Right. So, no, I did not see  
25   anyone in that room, and I would not expect to

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1 see anyone in that room with her.

2 Q. Okay. Well, and that suggests to  
3 me that when you met her on that April 3rd/4th  
4 visit, you talked with her in the neuropsych  
5 exam room.

6 A. Yes. During the break time.

7 Q. Okay. And so was that limited to  
8 you were just stepping in to say, "Hi, I'm  
9 Dr. Haider"?

10 A. Yes. I was -- yes. I met with her  
11 and introduced myself; she introduced herself  
12 to me. And I talked to her for about five  
13 minutes because I wanted to get a general idea  
14 of her physical appearance, and I wanted to  
15 see -- neurologically, I wanted to see if her  
16 movement or functioning of her eyes were okay;  
17 if her hearing was okay; if she was able to  
18 speak appropriately in that brief time period  
19 I was with her; if there was any other  
20 physical abnormalities that would jump out at  
21 that time. And I asked her to walk along for  
22 me.

23 So those were the -- that was the  
24 quick assessment that I did because I knew  
25 that via telemedicine I would not be able to

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1 have that close contact and assessment of  
2 those functions.

3 Q. Okay. So in that five minutes  
4 during a break in the neuropsych evaluation,  
5 you did do some sort of initial patient  
6 assessment of Ms. Moreaux?

7 A. Yes.

8 Q. Did you write down your findings  
9 from that initial assessment anywhere?

10 A. Those are -- in my telemedicine  
11 note is what my note is.

12 Q. So that's Exhibit 4, the initial  
13 comprehensive evaluation, the 19-page  
14 document?

15 A. Correct.

16 Q. Okay. What about at the time that  
17 you were actually doing this five-minute,  
18 in-person assessment; did you make any notes  
19 during that assessment?

20 A. No. I did not ask any clinical  
21 questions from the patient at that time.

22 Q. So, no, you didn't make any notes?

23 A. No, I did not.

24 Q. All right. Was the neuropsych  
25 examiner present during your five-minute

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1 examination of Ms. Moreaux?

2 A. No.

3 Q. Did you make any medically  
4 significant observations about Ms. Moreaux's  
5 condition or limitations in that five-minute  
6 assessment?

7 A. Yes. She was limping; that's what  
8 I saw when she got up to go out for lunch.  
9 And other than that, she had -- other than  
10 that, everything else, then, I did assessment  
11 via telemedicine.

12 Q. Okay. And the limp, did you  
13 attribute that to her actual, like, orthopedic  
14 leg injury or did you attribute that to  
15 neurological findings?

16 A. So it will be both. She feels  
17 dizzy. Dizziness, that's an ongoing problem  
18 for her. And she also had left ankle  
19 fracture. So the limp is associated with the  
20 ankle fracture that she had, but the dizziness  
21 is associated with the traumatic brain injury  
22 that she suffered.

23 Q. Okay. But a limp is not caused by  
24 dizziness. That's a separate issue, isn't it?

25 A. Right. I said the limping is

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1     attributable to the ankle fracture that she  
2     had.

3           Q.        Okay. And did you observe an  
4     instance of the dizziness hitting her during  
5     this in-person visit with Ashley?

6           A.        No, I did not.

7           Q.        Okay. And the actual initial  
8     assessment that you did, that was, what,  
9     sometime later in the afternoon on April 4th?

10          A.        I would say yes, it was more  
11    towards in the evening, after she reached  
12    home. That's when I did a telemedicine  
13    evaluation with her.

14          Q.        Okay. And what does that mean?  
15    Were you on Zoom with her? Were you on the  
16    telephone? How did you do the telemedicine?

17          A.        Yes. We have Doxy.me software that  
18    we use -- or the platform for telemedicine  
19    that we use. And I have an account. And a  
20    link is sent to any patient; in this case,  
21    Ashley Moreaux. And she will click on the  
22    link, and it will be then a video interview  
23    and conferencing with the patient.

24          Q.        Do you record that, or you just  
25    take notes while it's taking place?



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1           A.           No. I don't believe that there  
2   is -- we have -- we can record that. So while  
3   I'm talking to the patient, I'm taking down --  
4   writing down my notes.

5           Q.           All right. And is this Doxy.me  
6   service something that you still use, to this  
7   day?

8           A.           Yes, we do.

9           Q.           Do you remember who did the  
10   neuropsych assessments that were done in  
11   Houston at NBII's office on April 3rd and  
12   April 4th, 2020?

13          A.           Yes. It would be written on the  
14   response booklet for the patient, record forms  
15   and response booklets.

16          Q.           Okay. But as we sit here right  
17   now, you don't remember who it was that did  
18   it?

19          A.           I would have to look at the name of  
20   the person or technician who did that  
21   assessment. We have a few of them who do it,  
22   so it could be different for different  
23   patients.

24          Q.           Okay. Well, we'll look at that a  
25   little later.

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1 Do you know whether the person who  
2 started the neuropsych assessments on Ashley  
3 on April 3rd was the same person who completed  
4 them on April 4th?

5 A. I believe so.

6 Q. And these -- the people who did, in  
7 April of 2020, assessments, neuropsych  
8 assessments on patients for NBII, were they  
9 independent contractors or part-time employees  
10 or a mixture?

11 A. Yeah. All of our technicians who  
12 do the initial testing battery, they are  
13 full-time employees.

14 Q. Okay. And are all of the full-time  
15 employees who do the assessments certified in  
16 administering neuropsychological assessments?

17 A. Every institution has their own  
18 policy, and our institution's policy is the  
19 clinicians or technicians have to have a  
20 college degree, and they have to go through  
21 the training process at NBII, under the  
22 supervision of a licensed psychologist and  
23 myself. And so once they complete that  
24 training, then they are qualified to perform  
25 those assessments, under supervision of a

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1 licensed psychologist and myself.

2 Q. Okay. And who for NBII was the  
3 licensed psychologist?

4 A. It was Dr. Gavron, and it's  
5 Dr. Daniel Osborn.

6 Q. Doctor -- what's the first name?

7 A. Gavron. Lauren Gavron.

8 Q. No. I'm sorry. Of Dr. Osborn.  
9 What's Dr. Osborn's first name?

10 A. Daniel Osborn.

11 Q. Daniel Osborn.

12 Okay. So is there any  
13 certification or licensure that one can obtain  
14 in administering neuropsychological assessment  
15 batteries?

16 A. Yes. There is a psychomotorician  
17 certification an individual can obtain to  
18 administer the neuropsychological assessment  
19 batteries.

20 Q. But the employees that you have  
21 administering the tests as of April 2020 did  
22 not have that designation; correct?

23 A. So, in order for you to become a  
24 psychomotorician, you have to go through a  
25 training -- not training. You have to perform

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1 this test, I believe it's 300 or some hours  
2 and a number of testing that they have to  
3 perform, and then they can take the test.

4 So a few of our clinicians are in  
5 the process where they are getting the  
6 acquired hours and the number of assessments  
7 that they need to take that test and exam.  
8 And, regardless, it is not a requirement for  
9 them to be able to administer this testing.

10 Q. Okay. Again, not my question.

11 My question was: As of April 2020,  
12 were any of them psychomotricians? And your  
13 answer is "no"?

14 A. No.

15 Q. Okay. And you said it's not a  
16 requirement that the person administering the  
17 test batteries be a psychomotrician; a  
18 requirement determined by whom?

19 A. First of all, it's not a  
20 requirement by our institution, and it is also  
21 not a requirement by many other institutions.  
22 And I'm not aware of any requirement by any  
23 other governing agency that makes it a  
24 requirement for the testing to be administered  
25 by a psychomotrician.

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1 Q. Okay. So when you said "not a  
2 requirement of our institution," you mean  
3 NBII?

4 A. Correct. The requirement of NBII  
5 is that the person administering the testing  
6 has to have a college degree, and they have to  
7 be trained, and they have to be supervised.

8 Q. How many neuropsychological test  
9 administration employees did you have in April  
10 of 2020 in the Houston office?

11 A. I don't know exact at that time,  
12 but at any time, we have about three or four  
13 full-time employees who are trained to  
14 administer neuropsychological assessment  
15 testing.

16 Q. Okay. You mentioned Dr. Gavron as  
17 being one of the people that would supervise  
18 the training that you mentioned for your  
19 clinicians and neuropsychological testing;  
20 correct?

21 A. Correct.

22 Q. Did she perform that role in person  
23 on-site in Houston, or did she do that somehow  
24 remotely?

25 A. Remotely.

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1 Q. I see. And how does that work?

2 A. So, just like that we are having a  
3 Zoom conference and having this deposition,  
4 then she would have a meeting with all the  
5 clinicians in a similar manner. Everyone  
6 would log in. Everyone she would be able to  
7 see. She will be able to talk to everyone,  
8 and she will be able to go over the training  
9 materials. She's going to be able to show  
10 them the training materials. Everything is in  
11 our cloud, G Suite, so all the clinicians all  
12 have access to all the training materials.

13 And it's a very comprehensive  
14 training process. Before anyone can  
15 administer that, they have to go through a  
16 competency checklist and a process. So there  
17 are training videos; there are training  
18 manuals.

19 So sometimes it can take up to,  
20 just in reading and going through that  
21 material, two or three weeks before they can  
22 actually start to shadow someone who is  
23 administering that. And after shadowing them  
24 several test batteries, then they administer  
25 in supervision. And then when they are ready,

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1 then they are able to independently administer  
2 that.

3 So it's a very, very rigorous  
4 training process. And remotely, as we all  
5 know that these days everything is done  
6 remotely, and it is as superior as doing  
7 things in person.

8 Q. Okay. So the training materials  
9 that you mentioned, the training material and  
10 the manuals that you put your clinicians  
11 through before they are able to independently  
12 give the assessments, you said those are  
13 stored in the cloud for NBII somewhere; is  
14 that right?

15 A. Yes. So it is in our cloud system  
16 that we use. So there is step-by-step  
17 training documents; there is step-by-step  
18 script of administration; there is  
19 step-by-step videos of it; and there's actual  
20 manuals of the neuropsychological assessment  
21 battery there also scanned and uploaded in our  
22 cloud system. So all the materials are  
23 accessible and available to everyone at all  
24 times.

25 Q. Okay. And when -- you said that

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1 the employee being trained will shadow another  
2 clinician who is already working in your  
3 practice; correct?

4 A. Correct.

5 Q. In the training process, is  
6 Dr. Gavron or Dr. Osborn watching that process  
7 take place by Zoom or that's just the trainee  
8 watching the existing clinician?

9 A. Dr. Osborn is on-site here in our  
10 Houston office, so he does see in person the  
11 actual training, and he's training them  
12 himself, also. So it is his discretion that  
13 when he thinks that the clinician is ready to  
14 be independent or -- and it is, you know, as  
15 any other disciplines, it's an ongoing  
16 training and teaching, also. It doesn't stop  
17 when you complete training.

18 So there is an initial bulk of the  
19 training that the clinicians get, but at the  
20 same time, just like I -- as a medical doctor,  
21 I have to continuously keep up with what my  
22 licenses are, so they continue to get ongoing  
23 training and improvement.

24 And, in fact, we have -- every  
25 quarter, we do in-service training, where the



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1 clinicians are going to sit down with  
2 Dr. Osborn, and they are going to discuss the  
3 challenges; they are going to discuss the  
4 areas that anyone needs for the training. So  
5 it's ongoing training.

6 Q. I forgot. Is Dr. Osborn an  
7 independent contractor or a full-time  
8 employee?

9 A. He's a part-time employee with us.  
10 He's here on Monday, Wednesdays, and Fridays.

11 Q. And when did he start working with  
12 NBII?

13 A. I think he started working with  
14 NBII in the later part of last year.

15 Q. So after the time when Ashley was  
16 seen by NBII?

17 A. Yes. Ashley was seen in April, and  
18 he started with us, I think, later half of the  
19 year.

20 Q. Okay. And so the clinicians who  
21 would have administered neuropsychological  
22 testing batteries to Ashley would have been  
23 trained by Dr. Gavron?

24 A. Yes.

25 Q. And Dr. Gavron is no longer with --

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1 or working with NBII; is that right?

2 A. So she is an independent  
3 contractor. And she has said to us that as an  
4 independent contractor basis, she would be  
5 available. So at this time, we have not work  
6 with her, but definitely -- she's based in  
7 Florida, and I have Florida license, also.  
8 And if we need to work with her in future, we  
9 will be able to work with her.

10 Q. Okay. At the time that Ashley  
11 Moreaux was seen by NBII, was Dr. Gavron based  
12 in Florida at that time?

13 A. Yes.

14 Q. All right. And so the -- as I  
15 recall her testimony, the procedure for Ashley  
16 was, the results of the neuropsych testing  
17 that was done in Houston at NBII on April 3rd  
18 and 4th were provided to Dr. Gavron, who,  
19 based upon those results, rendered her  
20 opinions; is that your understanding of how it  
21 went?

22 A. So let me explain the process a  
23 little bit. So the testing -- so we've been  
24 over the training process, right.

25 So Dr. Gavron selected the tests

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1     that would be provided to the majority of our  
2     patients. She also worked on creating the  
3     template for the neuropsychological assessment  
4     test battery, and then she was also involved  
5     in the training of the clinicians.

6                 Now, so -- and as I said, after --  
7     the clinician has to go through a very  
8     rigorous testing process and a competency  
9     checklist. After they are approved by our  
10    standards, then they are providing or  
11    administering the tests.

12                Now, after the tests are -- the  
13    tests are paper/pencil testing, for the most  
14    part. So there, the clinician is writing down  
15    the responses of the patient and the scores in  
16    the record booklet and the response booklet.

17                So after -- the total test time  
18    could be six hours, eight hours, ten hours.  
19    As you saw in Ashley's case, it was divided  
20    over in two days.

21                So after the testing is completed,  
22    then all the raw data is entered -- there is  
23    two ways that it could be -- the raw data  
24    could be converted into scores: either you  
25    could do it manually, which takes longer time,

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1 and then this would involve some human error  
2 in it; or you could use a computer software  
3 program, where you could enter the raw data  
4 into the computer software program, where, you  
5 know, it would convert the raw data into  
6 Z-scores, then into standard scores, then into  
7 actual -- then actual total scores. And then  
8 that raw data and the report is then uploaded  
9 into the cloud system that we have, which is G  
10 Suite.

11 Now, once the raw data is  
12 uploaded -- and there is a template of  
13 neuropsychological assessment, which this  
14 information is then put into that template and  
15 then given to Dr. Gavron or a psychologist,  
16 whoever we are working with. And that  
17 psychologist or neuropsychologist then reviews  
18 the report, reviews the raw data, and then  
19 render their opinion, along with any other  
20 information that we have available for the  
21 patient that would be provided to them.

22 Q. Okay. Is the neuropsychological  
23 testing done at NBII videotaped?

24 A. No, it's not.

25 Q. So in the case of Ashley Moreaux

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1 with Dr. Gavron, was Dr. Gavron provided any  
2 information other than the raw data and the  
3 compiled test results you just described?

4 A. So Dr. Gavron was provided the  
5 medical records for the patient, the raw data  
6 results, the report of the raw data, and then  
7 the background information of the patient --  
8 the past medical history, past surgical  
9 history, and the initial comprehensive  
10 evaluation that was performed for the patient.

11 Q. Okay. So when you say "medical  
12 records," Dr. Gavron was provided with all of  
13 the medical records that NBII had on Ashley  
14 Moreaux?

15 A. So the way our system works is that  
16 Dr. Gavron has access to our clinical -- all  
17 the clinical files for the patients. So she  
18 has access. It's a shared -- how do I explain  
19 it?

20 Q. Well, I think I understand.

21 A. You understand, okay.

22 So it's the patient folders are  
23 shared with the clinician. So I have the same  
24 access as she has.

25 So Ashley Moreaux's folder, it has

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1 all of her medical records. It has all of the  
2 reports that, you know, are written at NBII.  
3 So she will have access to all the information  
4 that I have access to. So it's not like that  
5 we are separately sending some things to her  
6 via email. No. It's like she has been given  
7 the access, she's been provided the access,  
8 and then so she goes in the patient's folder,  
9 or in her folder, the reports are there that  
10 she needs to work on, and she will have all  
11 the raw data, the actual report, and access to  
12 the patient's medical records.

13 Q. Did she directly interview Ashley  
14 Moreaux as part of NBII's assessment and/or  
15 care, that is, whether by telemedicine or in  
16 person?

17 A. So that's part of the training  
18 process that the psychologist provides to our  
19 patients -- sorry -- to our clinicians. And  
20 if when they are reviewing the reports they  
21 feel like they need to -- they don't have  
22 enough information, then they will reach out  
23 to the patients themselves, either via  
24 telemedicine or via telephone, to obtain more  
25 information that they need to.

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1 Q. Okay. And in the case of Ashley  
2 Moreaux and Dr. Gavron, do you know whether  
3 that occurred?

4 A. I believe she spoke with the  
5 patient over the phone to obtain any further  
6 information that she needed.

7 Q. Okay. And is that coming from your  
8 own memory or from review of records, or do  
9 you know?

10 A. No, I don't remember.

11 Q. Okay. So going back to Exhibit 4,  
12 the Initial Comprehensive Evaluation, the  
13 History of Present Illness narrative there,  
14 does that come from your interview via Zoom  
15 with Ashley?

16 A. Yes. Via telemedicine, I would  
17 say.

18 Q. Okay. And I'm sorry. You said it  
19 was -- what was it -- "Go See Doc"? Is that  
20 the platform?

21 A. It's called "Doxy.me."

22 Q. Doxy.me?

23 A. D-O-X-Y-M-E, yeah.

24 Q. Okay. And what you've recorded in  
25 the History of Present Illness, how is the

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1 information that you gleaned from talking with  
2 the patient transferred into this typed,  
3 formal report, the Initial Comprehensive  
4 Evaluation; that is, do you take handwritten  
5 notes and then later generate the report? Do  
6 you just remember, or do you type it as you  
7 go?

8 A. Absolutely not. To remember  
9 something that -- you know, it's an hour-long,  
10 two-hour-long conversation. I'm going to miss  
11 a lot of important information if I just try  
12 to remember and then go back and then try to  
13 write everything down.

14 No. So I am writing down this  
15 information either via voice-typing or I'm  
16 pen-typing this information down when I'm  
17 talking to the patients. I don't take any  
18 handwritten notes. We don't do that at NBII.  
19 We are a cloud-based practice. So if anytime  
20 you come in my office, you are not going to  
21 see any paper on my table. So everything that  
22 is there is, you know, written down in the  
23 patient's record.

24 Q. Okay. So if I followed all that  
25 right, while you're interviewing the patient,



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1     you're typing into the evaluation what she  
2     tells you?

3           A.           Absolutely, yes.

4           Q.           And are you actually doing the  
5     typing, or are you dictating? How do you  
6     accomplish that?

7           A.           It could be a combination of both.  
8     I could be voice-typing or I could be  
9     hand-typing.

10          Q.           Oh, I see. But either way, there's  
11    not some other person involved in the physical  
12    process of generating the report; it's all  
13    you, Dr. Haider?

14          A.           Yeah. I don't see a nurse  
15    practitioner doing this with me. So if there  
16    is a nurse practitioner involved, then, yes,  
17    the nurse practitioner will be writing down  
18    the information alongside with me if I'm  
19    writing down the information in the note. But  
20    we are all working in the note at the same  
21    time, so there would be nobody keeping  
22    separate notes.

23          Q.           Okay. So, for example, on the  
24    first line of the History of Present Illness:  
25    Patient 29 years old does not remember

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1 anything from 3/2018 collision."

2 That's you're writing down what  
3 Ashley herself is directly telling you,  
4 Dr. Haider?

5 A. So let me just -- I'm asking the  
6 patient, I think, "Can you tell me what you  
7 remember about your injury?"

8 And if a patient would remember,  
9 they would say, "Okay. On this date or this  
10 time, you know, so-and-so happened to me" --  
11 or in her case, when I started asking her, she  
12 told me she does not remember anything from  
13 that injury.

14 Then I further -- you know, you can  
15 read in my note. Then I further started  
16 probably asking her, "Okay. What is your  
17 first memory?"

18 Then she told me what was her first  
19 memory.

20 So it is as she has described to me  
21 during that interview.

22 Q. Okay. And, yeah, I understand it,  
23 and I can read the content. I have a few  
24 questions about the content.

25 But what I was driving at there is,

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1 is what's written there is your note from what  
2 Ashley herself told you in the interview?

3 A. Correct.

4 Q. All right. And the second  
5 sentence: She says the memory she has is that  
6 she was in a bookstore purchasing some books,  
7 "if that memory is correct," in quotes.

8 Did you follow up on that? Was  
9 that a memory of just prior to the collision,  
10 or do you know?

11 A. Yes. Prior to the collision, if  
12 that memory is correct.

13 So the quotation is her exact  
14 words, that "if that was a correct memory."

15 Q. Did you ask her where the bookstore  
16 was?

17 A. No, I did not ask her.

18 Q. Okay. And you say she has no  
19 memory of her birthday or Thanksgiving that  
20 year. This occurred March 1 of 2018, so are  
21 we talking about 2017 she doesn't remember her  
22 birthday or Thanksgiving?

23 A. Yes, of that year, of this  
24 birthday, her birthday from -- on 2018, that  
25 she does not have any memory of her birthday

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1 or Thanksgiving in 2018.

2 Q. Okay. So -- all right. So that's  
3 what I was driving at, though.

4 It's memory of her birthday or  
5 Thanksgiving in 2018, that is, after the  
6 accident; not 2017, before the accident;  
7 correct?

8 A. Yes. So she does have lapses in  
9 her memory. And what she's getting here is  
10 that it is memory of her birthday and  
11 Thanksgiving of that year, which is 2018.

12 Q. Okay. And you say the details of  
13 the collision were given to her by her family,  
14 which, I guess, she then recounts what they  
15 told her?

16 A. Yes. So she has lapses in memory  
17 from a few months prior to what happened,  
18 then, you know, several months after that.  
19 And, you know, that can happen. That is  
20 anterograde and retrograde amnesia for the  
21 patient.

22 So, in her words, you know, she  
23 does not remember. But what her memories are  
24 now is because of her family, that either they  
25 have told her about the injury that she

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1     sustained or they showed her pictures of her  
2     hospital stay or different days or different  
3     events that occurred.

4                 So as I said, you know, in 2018,  
5     prior to that, she also had memory lapses;  
6     like a year before or two years before, she  
7     does not remember all the details, prior to  
8     and after that.

9             Q.         "After that" being the collision?

10            A.         Yes. 2018. So there is -- she has  
11     memory lapses prior to 2018, also, and after  
12     2018.

13            Q.         Okay. Did she indicate to you one  
14     way or the other whether this memory of being  
15     in a bookstore purchasing some books, was that  
16     just shortly -- within minutes before or  
17     within an hour before her collision, or did  
18     she not clarify that one way or the other?

19            A.         No, she did not. She could not  
20     remember whether it was immediately before or  
21     several days before or several weeks before.  
22     All she remembered was -- the only thing that  
23     she remembers is she was purchasing some  
24     books.

25            Q.         Okay. And did she indicate to you

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1     whether she had made any stops after she got  
2     off work? It says, "she got off work at  
3     3 a.m. After getting off work, she was  
4     driving to her parents."

5                     Did she indicate one way or the  
6     other whether she made any stops in between?

7             A.         No.

8             Q.         All right. You say first that her  
9     first memory after the collision is her sister  
10    bringing her baby to the hospital. And then  
11    the next sentence says "she is not sure what  
12    is her first memory after the collision."

13                    So I was unclear on what that  
14    meant.

15            A.         Right. So she explained to me  
16    after that she thinks that is her first memory  
17    because her -- you know, she sees the pictures  
18    that the family has taken, but she does not  
19    know that if this is her actual memory or if  
20    she is remembering this after seeing the  
21    pictures that the family has taken when her  
22    sister brought the newborn baby to visit her  
23    in the hospital.

24            Q.         Got it. Okay.

25                    And then below, she says, "I really

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1 don't remember the hospital stay" -- "anything  
2 of the hospital stay"?

3 A. Yes.

4 Q. And then you say "the information  
5 from the collision came" -- "about the  
6 collision is obtained from the medical  
7 records. That's from her hospitalization?

8 A. Yes.

9 Q. And so everything that comes after  
10 that statement in your History of Present  
11 Illness is drawn from the hospital medical  
12 record?

13 A. Correct.

14 Q. And did you personally review the  
15 hospital medical records, or is that something  
16 that someone -- an independent contractor or  
17 employee does?

18 A. No. I have done this myself. And  
19 these are, like, a lot of medical records.

20 Q Okay. And you are saying you've  
21 read through all of these -- Ashley Moreaux's  
22 medical records?

23 A. I have. And as I said, these are,  
24 like, thousands of pages of medical records.  
25 I may not remember all of it, but I may have

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1 to go back in reference to them.

2 Q. That's perfectly understandable.

3 But what I want to be clear on is that --

4 yeah, I agree. I've added it up. It's

5 something like on the order of 20,000 pages of

6 medical records.

7 A. Yes.

8 Q. You personally have read through

9 the entirety of Ashley's medical records?

10 A. Yes, I have.

11 Q. Okay. And those medical records,

12 are those stored in the cloud you mentioned

13 earlier for -- under Ashley's file?

14 A. Yes. It would be in Ashley's

15 folder.

16 Q. And when you say "folder," you mean

17 digitally, right; not a physical folder?

18 A. Correct.

19 Q. When you say that the patient had a

20 GCS of 12 -- that's the Glasgow Coma Scale;

21 correct?

22 A. Correct.

23 Q. All right.

24 Is that something you drew from the

25 ER record?



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1 A. Yes.

2 Q. All right. And so what her actual  
3 Glasgow Coma Scale condition was at the time,  
4 all you have is what's written in the ER  
5 report; right? You don't have any other  
6 independent basis to assess that?

7 A. Yes. That was reported in the ER  
8 records.

9 Q. Yes. But what I'm driving at is,  
10 you don't have any independent corroboration  
11 or verification of that score. You're just  
12 relying on what the ER doc wrote down;  
13 correct?

14 MR. PALERMO:

15 Objection.

16 THE DEPONENT:

17 Can you explain more what you  
18 mean by this question?

19 MR. VERLANDER:

20 Well, I can try again.

21 MR. PALERMO:

22 We just lost audio, so . . .

23 (Whereupon, a discussion was held off the  
24 record.)

25 BY MR. VERLANDER:

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1 Q. So, Dr. Haider, let's try again.

2 I asked a question which you were  
3 not clear on what I was asking, and I think  
4 Rock objected to the form as well.

5 What I was driving at, or trying to  
6 drive at, was: This GCS of 12 you already  
7 indicated was pulled from the ER record for  
8 Ashley when she was admitted to the hospital  
9 right after the collision; correct?

10 A. Yes.

11 Q. All right. And my question was:

12 Do you have any way of  
13 independently corroborating or verifying that  
14 that is an accurate score for her at the time,  
15 or you just have to rely on what's written in  
16 the record like the rest of us do?

17 A. So are you saying that I should  
18 score --

19 Q. Well, no. No, ma'am. I'm not  
20 saying --

21 A. Because I can do those. I have  
22 very well done those GCS -- I do it all the  
23 time -- to see what is the, you know, eye  
24 opening, verbal response, motor response of  
25 the GCS is. So verifying, that is one way --

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1 a good thing to verify is to do it myself.

2 So, again, I may not understand  
3 your question correctly. What do you mean by  
4 "verifying" it? Should I go to the nurse and  
5 ask her how did she do it, is she trained in  
6 doing that, or --

7 Q. Well, no, ma'am. I wasn't -- there  
8 wasn't really any particular implication about  
9 the question that you should have done  
10 something different than what you actually  
11 did. All I was trying to establish is that  
12 that score that is recorded in your history is  
13 not the result of any independent assessment  
14 of Ashley's GCS score at the time by you; that  
15 is a recordation of what was recorded in her  
16 medical record?

17 A. That is correct. That was how it  
18 was listed in the medical record.

19 Q. When you say, at the bottom with  
20 the bullet points, "LOC: Yes," that's "loss of  
21 consciousness"; correct?

22 A. Correct.

23 Q. And is that "yes" based on what  
24 Ashley told you or based on the medical  
25 record?

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1 A. It's both.

2 Q. Well, but she doesn't remember  
3 anything about what happened after the  
4 collision; right?

5 A. Correct. So she does not remember  
6 anything; right. So that is an indication  
7 that she had confusion, disorientation. She  
8 has loss of consciousness, post-traumatic  
9 amnesia, and low GCS, so that is indicative of  
10 loss of awareness. And the medical records  
11 also indicate that she did have loss of  
12 consciousness, loss of awareness, confusion,  
13 and disorientation.

14 Q. But it's possible to have  
15 post-traumatic amnesia without having lost  
16 consciousness at the point of trauma or  
17 immediately thereafter, isn't it?

18 A. It is a possibility, yes. The  
19 patient can have post-traumatic amnesia,  
20 and -- but again, the loss of consciousness,  
21 there's a few things there.

22 Okay. So when the paramedics were  
23 called, there is a time period in between that  
24 she could have loss of consciousness, and the  
25 indicator for that is, you know, she does not

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1 remember. Her last memory is, you know, she  
2 was at a bookstore. So, clearly, there is a  
3 missing time period where she does not  
4 remember it. So that is a loss of  
5 consciousness there, also.

6 Then the paramedics arrive. There  
7 is a five-minute -- at least five-minute gap  
8 in there. They came in and they find her  
9 confused and disoriented. Now, that is loss  
10 of awareness; that is loss of consciousness.  
11 So, and then she has post-traumatic amnesia,  
12 then she had the GCS is low. So all of that  
13 points towards altered mentation and  
14 alteration of brain function.

15 Q. Did you say that confusion and  
16 disorientation are loss of consciousness?

17 A. Uh-huh (positive response).

18 Yes. They are on the spectrum of  
19 loss of consciousness called "loss of  
20 awareness."

21 Q. Okay.

22 All right. And then on page 2,  
23 what you list there under the numbered  
24 items -- they continue over to page 3 -- are  
25 these headings part of your standard

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1 questions? Like if I had been in a collision  
2 and came to see you with a neuro condition,  
3 would you ask me "Do you have post-traumatic  
4 headaches?" Like, is that an every-patient  
5 question?

6 A. Yes. So as I said, I mostly see  
7 patients who have a traumatic brain injury.  
8 So what is important for me, for my diagnosis  
9 and treatment and plan, is, as you saw, the  
10 questions such as loss of consciousness,  
11 confusion, disorientation, dizziness, nausea,  
12 vomiting.

13 So these questions, to you they may  
14 appear as questions, but to me, they are  
15 giving some more information about what is  
16 going on inside the brain.

17 And I could give you an example  
18 here (indicating), which I have a little --  
19 you know, I always keep it on my table, which  
20 is a primary injury and secondary injury, and  
21 all these metabolic derangements that start to  
22 happen inside the brain if there is traumatic  
23 blow to the head or to the brain.

24 So when I'm asking all these  
25 questions to the patient, I'm getting

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1 information on what is going on inside the  
2 brain at that time.

3 So, yes, as a result of the primary  
4 and secondary injury, the patients start to  
5 have certain symptoms. And when you look at  
6 the report for Ashley, those are symptoms that  
7 are experienced by most of the patients who  
8 suffered a traumatic brain injury.

9 So, yes -- to answer your  
10 question -- these are the questions that I do  
11 ask my patients on a routine basis. But then  
12 again, every patient is different. There  
13 could be some different questions for some of  
14 the other patients.

15 Q. Okay. Can I ask you -- since you  
16 referenced that little diagram that you held  
17 up just a minute ago, I would also ask you to  
18 send a copy of that, if that's possible, to  
19 Mr. Bice.

20 MR. VERLANDER:

21 And we'll attach that as  
22 Exhibit 5, if I'm remembering  
23 correctly.

24 (Exhibit No. 5 is marked for  
25 identification and is attached

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1 hereto.)

2 THE DEPONENT:

3 I will see if I have an  
4 electronic copy of this diagram.

5 What I have right now is something  
6 that is a printed and laminated  
7 version of it.

8 BY MR. VERLANDER:

9 Q. Yes. Well, I get that that's all  
10 you have. Then perhaps someone in your office  
11 could scan it and forward it. But if you have  
12 it electronically, that's fine, too.

13 Is that document, that diagram that  
14 you held up, something that you yourself  
15 created?

16 A. No, I have not created it.  
17 Actually, this is the book that -- sorry. I  
18 dropped something (indicating).

19 So this is the book where I got  
20 this diagram from. So if you want to write  
21 down the name of this book, you can find the  
22 diagram in this book. This is called Brain  
23 Injury Medicine, and this is the Second  
24 Edition of it.

25 Q. Brain Injury Medicine, Second



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1 Edition?

2 A. That's correct.

3 Q. Okay. But still, if you can send  
4 us a copy of what you just showed us, that  
5 would be very helpful.

6 A. Okay.

7 MR. VERLANDER:

8 Okay. So, I tell you what. It  
9 is 1:06 or so. Let's -- and I know  
10 you have to stop at 2:00. Let's  
11 take another five-minute break so  
12 we can all stretch our legs or  
13 whatever. And I'm also going to  
14 talk to co-defense counsel, because  
15 it's apparent to me I'm going to  
16 continue to the stop point, and I  
17 want to see if she wants to have a  
18 turn on this, I guess -- round, I  
19 guess. So let's start back in  
20 eight minutes. That will leave us  
21 45 minutes to go.

22 THE DEPONENT:

23 Okay.

24 MR. BICE:

25 Sounds good.

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1 (Whereupon, a recess was taken from 1:07 p.m.  
2 to 1:18 p.m.)

3 MR. VERLANDER:

4 Dr. Haider, we're back on,  
5 after a short break.

6 It's evident that we're not  
7 going to complete our discussion  
8 today. We've -- to accommodate  
9 your other obligations, we're going  
10 to stop at 2:00 today. But since  
11 it's evident that we're not going  
12 to complete it today, I want to go  
13 ahead and attach as Exhibit 5 --  
14 or, no. I'm sorry. Exhibit 5 was  
15 the diagram.

16 Exhibit 6 will be the Future  
17 Medical Report, also dated April 4,  
18 2020, which is 11 pages.

19 (Exhibit No. 6 is marked for  
20 identification and is attached  
21 hereto.)

22 BY MR. VERLANDER:

23 Q. And that's also a document prepared  
24 by you; correct?

25 A. Correct.

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1 Q. Okay. You mentioned earlier that  
2 the neuropsych battery of testing, both the  
3 raw data and the, I guess, summation or  
4 compilation of that data, are kept in Ashley's  
5 file in the -- in your NBII cloud; do I  
6 remember that right?

7 A. Correct.

8 Q. Okay. Again, I can't swear that  
9 prior counsel for the defense did not have  
10 that, but I don't recall seeing in the records  
11 that we have from NBII that information.

12 That is documentation y'all still  
13 retain in your records?

14 A. Absolutely. So it's the raw data,  
15 right. So the raw data, we can only release  
16 it to another provider, whether it's a  
17 neuropsychologist, a psychologist, or a  
18 medical doctor. So the release of the raw  
19 data happens between provider to provider.

20 So we don't -- we give you the  
21 report that is generated based on the raw  
22 data, but the actual raw data is given to a  
23 licensed provider. So that's the reason that  
24 you did not receive that raw data.

25 If you have a provider that would

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1     communicate with us, send us an email, give us  
2     their email address and their mailing address  
3     and they're name, then we would be happy to  
4     send them the raw data.

5             Q.           Okay. Understood.

6                         And we'll actually take that up  
7     through Ms. Moreaux's counsel as well as  
8     y'all. We'll work with Michael and Jay to get  
9     that.

10                        But you indicated that in that raw  
11    data would be the information about who did  
12    the actual assessment battery for Ms. Moreaux.

13            A.           Absolutely. So I can show you a  
14    sample form of it. I have it here.

15                        So it's not belonging to any  
16    patient. It's a blank form (indicating).

17                        So let's say this is the -- this is  
18    the memory module, right. So here you could  
19    see that the name of the patient will be here,  
20    date of birth, age, sex, ethnicity,  
21    handedness, education. And then there is the  
22    date of examination and the examiner. And the  
23    examiner portion will be written down who  
24    administered this assessment for the patient.

25                        And then the person who's

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1 administering that information, then they will  
2 be hand-filling all the information out in  
3 there for the patient.

4 So this is all blank, but all this  
5 information will be present in Miss Moreaux's  
6 memory module record form.

7 Q. Okay.

8 A. Same with the language form  
9 (indicating), right. This is the blank form.  
10 But Ms. Moreaux has a file like this in our  
11 folder, which will be provided to your expert.

12 Same how it goes for the spatial  
13 form. So there is several of these for  
14 Ms. Moreaux in her folder.

15 Q. Okay. But as we sit here right  
16 now, you don't have in front of you the record  
17 indicating who it was who did the assessments  
18 on Ms. Moreaux?

19 A. No. I don't have those records in  
20 front of me right now.

21 Q. Okay. Well, perhaps that's  
22 something we can resolve between Part 1 and  
23 Part 2 of this deposition.

24 A. Yes. And we can provide all this  
25 information to your expert and they can have a

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1 look at all the raw data.

2 Q. Yes. Thank you for that  
3 explanation and cooperation.

4 Okay. So going back to the --  
5 well, before I get back in the Initial  
6 Comprehensive Evaluation, the Future Medical  
7 Report document that we labeled as Exhibit 6,  
8 it's dated -- it just says "date of service,"  
9 and maybe it says somewhere else where you --  
10 when you generated the report. But if it  
11 does, I didn't see it. Was that done on the  
12 same April 4th date?

13 A. I have to check the dates  
14 (reviewing).

15 Q. I wasn't sure if "date of service"  
16 on the Future Medical Report, Exhibit 6, means  
17 the date that you generated the Future Medical  
18 Report or the date that you spoke with  
19 Ms. Moreaux.

20 A. So it is the same date, which is  
21 April the 4th; that's when I interviewed Miss  
22 Ashley Moreaux.

23 Q. Okay. So both Exhibit 4, the  
24 Initial Comprehensive Evaluation, and Exhibit  
25 6, the Future Medical Report, were generated

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1 by you, personally, on April 4th, 2020?

2 A. Correct.

3 Q. Okay. I thought, in your earlier  
4 testimony, you alluded to a follow-up visit or  
5 assessment by someone, or maybe multiple  
6 people, at NBII with Ashley Moreaux; did I  
7 understand that correctly?

8 A. Yes. She does have a follow-up,  
9 yes, with us. And that follow-up visit was  
10 done on August 13th of last year.

11 Q. Of 2020?

12 A. Correct.

13 Q. Okay. And have you provided  
14 records of that follow-up visit?

15 A. Yes, we have.

16 Q. Okay. To her counsel?

17 A. Yes.

18 Q. Okay. Do you know if you provided  
19 records of that follow-up visit in response to  
20 subpoena from Hallmark?

21 A. Yes. We have an -- and I'm  
22 surprised that you don't have any of that.  
23 You don't have my most updated CV; you don't  
24 have a list of my testimony and trial and  
25 deposition experience; you don't have the

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1 records that were provided by my office in  
2 response to the subpoena. Because, you know,  
3 that is provided all the time.

4 So, yes, we do have a follow-up  
5 visit with her, and there is a report of that,  
6 and that was on August 13th, 2020. And it's  
7 not like on purpose we did not provide it to  
8 you. We always do that. So I'm just a little  
9 confused why you don't have all of these notes  
10 and reports.

11 Q. Well, yeah, obviously, I'm raising  
12 it because I need to have the paper in front  
13 of me to ask you about the things I need to  
14 ask you about, but I'm sure that's  
15 something we can track down and resolve again  
16 between what's now going to be Part 1 and Part  
17 2 of your deposition.

18 Okay. On that August 13, 2020  
19 visit, that took place in Houston?

20 A. That took place via telemedicine.

21 Q. Okay. And who was involved in the  
22 telemedicine visit?

23 A. My nurse practitioner and myself.

24 Q. And which nurse practitioner?

25 A. It was Jacqueline Childs.



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1 Q. And what did Jacqueline do with  
2 Ashley on August 13 of 2020?

3 A. So it was a follow-up note to  
4 follow up on all the symptoms that she has  
5 reported to us on the initial comprehensive  
6 evaluation, to ask her if she has developed  
7 any new symptoms, any worsening of the  
8 symptoms, any improvement of the symptoms; the  
9 medications that she's taking, need to  
10 increase or decrease the medication or add  
11 some more medication; add some more tests.

12 So it's all of the above.

13 Q. Okay. And all of that is reflected  
14 in the report for that visit?

15 A. Correct.

16 Q. All right.

17 MR. VERLANDER:

18 I tell you what. I will label  
19 as Exhibit 7 the August 13, 2020  
20 visit, telemedicine visit report,  
21 if you will provide that to counsel  
22 and they'll get it to the court  
23 reporter and so on. And that way  
24 we can review it prior to the  
25 next -- the completion of your

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1 deposition.

2 (Exhibit No. 7 is marked for  
3 identification and is attached  
4 hereto.)

5 THE DEPONENT:

6 Okay.

7 BY MR. VERLANDER:

8 Q. Thank you.

9 And what was your role in the  
10 August 13, 2020 visit?

11 A. Well, my role is the supervising  
12 physician for Jacqueline Childs. I meet with  
13 her on her evaluation of the patient, and I  
14 review the report, and I agree with the  
15 recommendations or I add more recommendations.  
16 So it's a collaborative teamwork between me  
17 and Jacqueline Childs.

18 Q. Okay. Thank you.

19 But you, personally, did not speak  
20 with Ashley on August 13, 2020 on this  
21 telemedicine follow-up?

22 A. No. I did spoke with her.

23 So it's common in all the medical  
24 practices where the nurse practitioners will,  
25 you know, assess and evaluate and speak with

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1 the patient and the medical provider joins in  
2 in the middle of it and gets the report from  
3 the nurse practitioner. And if, you know, I  
4 have any question, then I would ask Ashley  
5 myself.

6 And then me and the nurse  
7 practitioner go over the treatment and plan  
8 together and ask Ashley if she has any  
9 question regarding the treatment and plan, and  
10 then the visit ends after that.

11 But Jacqueline Childs would -- or  
12 the nurse practitioner starts it, the visit,  
13 and I become part of it during that visit.

14 Q. Okay. So I get this, so I'm clear,  
15 this was on that same platform you mentioned  
16 earlier? I won't say it again because I will  
17 say it wrong.

18 A. Yes. So what I see here is -- yes.  
19 It was via telemedicine visit that that was  
20 performed, and that was via Doxy.me.

21 Q. Okay. And were you -- I'm not  
22 clear on the -- I heard your narrative about  
23 it, but I wasn't clear.

24 Were you actually present for the  
25 entirety of the telemedicine visit or just for

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1 part of it?

2 A. Just for a part of it.

3 Q. Okay. And so, what, Jacqueline  
4 starts it, comes up with her initial plan of  
5 action, then you come in and participate in a  
6 discussion with her and with Ashley about  
7 "have we covered everything, do we understand  
8 what we're doing?" That's about how it goes?

9 A. Yes.

10 Q. Okay. Do you know if Jacqueline  
11 did any actual supplemental assessment of  
12 Ashley beyond interviewing her?

13 A. What do you mean, "supplemental  
14 assessment"?

15 Q. Well, yeah, I guess that's a little  
16 vague.

17 She didn't do anymore  
18 neuropsychological testing, did she?

19 A. No. So during the follow-up visit,  
20 the neuropsychological testing -- further  
21 neuropsychological testing was not done.

22 Q. Okay. And then she is doing it in  
23 some sort of online video interview with  
24 Ashley, asking her questions about her  
25 symptoms, progress, setbacks; correct?

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1 A. Yes.

2 Q. Correct?

3 A. Correct.

4 Q. Okay. Is there any other sort of  
5 assessment beyond that interview process that  
6 took place on August 13, 2020?

7 A. I spoke with Ashley yesterday. So  
8 there is a brief report of that in the  
9 Practice Fusion.

10 Q. So that was on Sunday the 10th?

11 A. Yes.

12 Q. And was that by video or by  
13 telephone?

14 A. By telephone.

15 Q. Okay. And there, you made a  
16 written note about that conversation?

17 A. Yes, I did.

18 BY MR. VERLANDER:

19 Q. All right. So I guess I'll label  
20 that as Exhibit 8, if you will provide that to  
21 your counsel and counsel will get that to us  
22 and to the court reporter; is that agreeable?

23 A. Yes.

24 (Exhibit No. 8 is marked for  
25 identification and is attached

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1 hereto.)

2 BY MR. VERLANDER:

3 Q. Thank you.

4 How long did you talk to Ashley  
5 yesterday?

6 A. I spoke with her about 35 minutes.

7 Q. And what was the reason for that?  
8 Was that part of your preparation for this  
9 deposition?

10 A. Yes. That was part of preparation  
11 and to follow up. The last time I saw was in  
12 August, so I wanted to follow up on how she  
13 was doing from that time until now.

14 Q. When was that telephone conference  
15 with Ashley arranged?

16 A. Oh, it was not arranged. I have  
17 her phone number listed in our system, and I  
18 do call patients. I don't have to arrange my  
19 phone calls with the patients. So I have her  
20 number in the system, and I called her, and I  
21 wanted to see how she was doing.

22 Q. Oh, okay. So just without any  
23 advance warning, you just picked up the phone  
24 and dialed her number?

25 A. Yes.

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1 Q. Okay. What else did you do to get  
2 yourself ready for the deposition today?

3 A. I reviewed all the medical records;  
4 I reviewed all reports. And I reviewed --  
5 yeah, most of her medical records.

6 Q. The August 21 -- I'm sorry --  
7 August 2020 visit, August 13, 2020, was that  
8 visit scheduled when Ashley saw you in April,  
9 or was that arranged at some subsequent time?

10 A. No. That was scheduled in April.  
11 So the way it works is that when we  
12 see the patients, we always have a follow-up  
13 appointment for the patient, whether it's  
14 three months, six months, one month. So we  
15 do, most of the time, schedule the appointment  
16 at that visit.

17 But sometimes patients will say  
18 that, you know, "Hey, I need to go look at my  
19 calendar. I will call you back and I will set  
20 up an appointment."

21 But majority of the times, we are  
22 setting up all of the appointments at that  
23 visit. So the August appointment was set up  
24 in April.

25 Now, there is another follow-up

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1 appointment that is coming up. I believe it's  
2 in March. And that was set up during her  
3 August appointment.

4 Q. Okay. So the August appointment,  
5 that's a little more than four months after  
6 the April 4 appointment; correct?

7 A. Correct.

8 Q. So would that be a normal span of  
9 time when you see a patient initially, you  
10 would say "Let's schedule something four  
11 months out to see how you're doing"?

12 A. Yes. That depends on patient's  
13 symptoms and conditions, right. So if someone  
14 needs to be seen more frequently, we are  
15 seeing them more frequently. I have seen  
16 patients in two weeks' time. I have seen  
17 patients in one month time. I have seen  
18 patients in three months' time. I have seen  
19 patients in six months' time. So, you know,  
20 her being seen within four months is fairly  
21 routine for us. And if I said, "I want to see  
22 you in three months," then maybe because of  
23 our schedule she couldn't get in in three  
24 months but she got in in four months.

25 Q. Okay. And then you mentioned there



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1 is a March 2021 follow-up that was scheduled  
2 back in August of 2020.

3 A. Correct.

4 Q. All right. So that's, by my math,  
5 eight months after the August 2020 visit. Is  
6 that a standard gap of time for second  
7 follow-up?

8 A. Again, every patient is different,  
9 right. It's not like, okay, first we see them  
10 in three months, back in six months. It  
11 depends on what the patient's needs and  
12 requirements are.

13 So if, you know, it is eight  
14 months, then most likely she couldn't get in  
15 in a six-month time period because of, again,  
16 the schedule, so she's getting in within eight  
17 months.

18 Q. Okay. And does the scheduling have  
19 anything to do with litigation dates?

20 A. No, absolutely not.

21 Q. Okay. Do you know when this case  
22 is set for trial?

23 A. I don't know.

24 Q. Have you been asked to testify live  
25 at trial?

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1 A. Not to my knowledge.

2 Q. Okay. Do you have any idea how  
3 long the August 13, 2020 telemedicine visit  
4 with Jacqueline and then partly you lasted?

5 A. On an average, our visits --  
6 follow-up visits could last between an hour --  
7 anywhere between 45 minutes to one hour, 15  
8 minutes. So it would be fair to say that it  
9 lasted between that time.

10 Q. Okay. I should have asked you this  
11 probably earlier in the process, but how do  
12 you bill for the services that NBII provides?  
13 Is it based on time or based on we're  
14 providing "X" testing, "Y" telemedicine  
15 visits, and those are billed at a certain  
16 rate; or is it based on the time that you  
17 spent?

18 A. It's a combination of all. So  
19 telemedicine or via phone, bills are different  
20 than if we are seeing the patient in person.  
21 So it's a different billing schedule.

22 Q. Okay. And the telemedicine, is  
23 that based on the time that it takes or is it  
24 done on some other rate system?

25 A. It is based on time.

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1                   Telemedicine, we are spending less  
2   time with the patient compared to if we will  
3   be seeing the patient in person.

4           Q.           Okay. And then what about --

5           A.           That may not always be true, but  
6   sometimes in telemedicine, we end up spending  
7   more time with the patient, depending upon  
8   what the patient's symptoms are and what their  
9   care and needs are.

10          Q.           Okay. And what about the  
11   neuropsychological testing; is that a flat  
12   rate or is that based on how long it takes?

13          A.           That's a combination. It's not  
14   only time. It's time. It's expertise. It's  
15   intellectual property. It's our time. It's  
16   our training. It's our years that we have  
17   spent in this, creating this program, and our  
18   overhead, our staffing.

19                   So all of that comes together when  
20   bills are generated.

21          Q.           Okay. I get all that, that there's  
22   a lot that goes into the value that you bring  
23   to the table for your patients, all the things  
24   you listed. Does that then yield an hourly  
25   rate or a charge of "X" amount of dollars?

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1           A.           As I said, it's, you know, based on  
2           everything that I just mentioned. So it  
3           involved the services that we provide, the  
4           testing that we do, the training and  
5           experience, intellectual property, the  
6           research, the overhead. So it's a combination  
7           of all.

8           Q.           Okay. I get everything that goes  
9           into it, and I agree you did just say that,  
10          but at the end of the day, does that then  
11          yield "We're going to charge you \$10,000," or  
12          "We're going to charge you \$300 an hour"?

13                       How do you figure what you bill the  
14          patient?

15          A.           I think -- you know, I explained to  
16          you that it's different. Like when I'm doing  
17          depositions, we are charging hourly for that.  
18          But when we are providing some services for  
19          the patient, you know, it's charged  
20          differently. It's charged based on everything  
21          that I listed above.

22                       When I'm preparing for a  
23          deposition, then I'm charging per hour for  
24          that, also. So it's billed differently.

25          Q.           Okay. So let's start there.

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1                   How much do you charge per hour for  
2   preparing for a deposition?

3           A.        I think that is on the payment and  
4   fee schedule. I don't remember what is listed  
5   there.

6           Q.        And where is this payment and fee  
7   schedule?

8           A.        I think that will be with the back  
9   office, what my deposition and preparation fee  
10   is.

11          Q.        Okay. Do you charge a different  
12   rate for preparing than you do for actually  
13   testifying?

14          A.        I believe it's the same.

15                    Again, I don't -- I don't remember  
16   what is listed there.

17          Q.        Okay. And what about at trial  
18   testimony; do you charge differently for trial  
19   than depositions?

20          A.        I believe it's the same, also, but  
21   I think it's for more hours because, you know,  
22   the entire day is spent -- if I go, there is  
23   travel involved. The whole day is then spent  
24   in the court. So I think the rate is the  
25   same, but I think it's more hours, that we

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1 bill for more hours.

2 Q. Okay. And so that's clear enough,  
3 and I guess we can determine from your payment  
4 and fee schedule you mentioned what the rates  
5 are for the testimony and preparation for  
6 testimony.

7 But if I come in there as a patient  
8 today and say, "I was in a car wreck and had a  
9 head injury and I want you to assess me," or  
10 I'm referred by someone for that purpose, and  
11 I want to know how much is it going to cost to  
12 do this battery of neuropsychological testing  
13 you're proposing to do, you can't tell me it's  
14 going to cost "X," or you can tell me?

15 A. I will give you an example. I  
16 got -- like, I think two or three days ago, I  
17 got a call from another doctor. He was a pain  
18 management specialist. And he, in his email,  
19 got an invitation for my presentation for  
20 American Board of Headache Medicine that I'm  
21 presenting, I think, next week or so. So he  
22 got my information from there.

23 He called my office, set up an  
24 appointment to speak with me, and he wanted to  
25 talk to me about his son, who suffered a

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1     concussion. He was playing basketball and he  
2     fell and hit his head on the concrete, and  
3     since then, he's been having symptoms.

4                     So he did a consultation with me  
5     over the phone, a brief consultation, and he  
6     wanted his son to be seen by me. And he asked  
7     me the same question as you asked. And I  
8     directed him to my back office, that you can  
9     call my office and they will be able to give  
10    you the information that you are asking.

11         Q.         And that would come from the  
12    payment and fee schedule you mentioned?

13         A.         Yes. That would come from how do  
14    we bill for the patients, what is -- what are  
15    they going to be paying for their services.

16         Q.         Okay. And that's a printed  
17    document?

18         A.         Yes, that should be. It is -- it  
19    is a list of services and associated fees with  
20    that.

21         Q.         Okay.

22                     MR. VERLANDER:

23                     Michelle, did I list the

24                     1/10/21 --

25     BY MR. VERLANDER:

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1           Q.       Well, let me ask you, Dr. Haider.  
2                    The telephone interview, you  
3   generated a written note about the interview  
4   yesterday?

5           A.       Yes.

6           Q.       Okay.

7                   MR. VERLANDER:

8                    Have I listed that, Michelle?

9                   MS. AIYEGBUSI:

10                   You did, Paul, as No. 8.

11                   It's Denia.

12                   MR. VERLANDER:

13                   Okay. That's No. 8.

14                   Thank you.

15                   So we will make No. 9 the  
16   payment and fee schedule that we've  
17   been alluding to -- same thing --  
18   when we obtain that through  
19   Dr. Haider providing that.

20                   MR. FEIBUS:

21                   Well, let's hold on, Paul.  
22   We're not going to produce our rate  
23   sheet in this matter. That's her  
24   proprietary -- I mean, you've  
25   already got her bills. You've



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1           already got what she's agreed to  
2           charge for services which she  
3           provided in this instance. At a  
4           bare minimum, we're not going to  
5           produce anything, going further,  
6           without a confidentiality order, if  
7           we produce something at all.

8           MR. VERLANDER:

9                     We can talk about  
10           confidentiality, but what I'm  
11           interested in is to compare what's  
12           on the sheet to what's on the  
13           Ashley Moreaux bill.

14           MR. FEIBUS:

15                     Look, you've got the bills for  
16           the services provided. It is what  
17           it is.

18           MR. VERLANDER:

19                     Yeah. But I'm entitled to see  
20           if that's what is the -- in the  
21           normal course of business what is  
22           charged.

23                     And if you need  
24           confidentiality, we can work that  
25           out. I don't want to show it to

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1                   anybody. I just want to know what  
2                   it is.

3                   MR. FEIBUS:

4                   Well, look, she's not agreeing  
5                   to -- at the moment, to produce it.  
6                   You're saying to mark it as an  
7                   exhibit. You and I can have the  
8                   conversation.

9                   MR. VERLANDER:

10                  Fair.

11                  MR. FEIBUS:

12                  I'm simply just telling you  
13                  that's not a guarantee. That's not  
14                  a given. That's a conversation for  
15                  another date.

16                  MR. VERLANDER:

17                  Fair enough. We have other  
18                  issues to take up, anyway, so we  
19                  will put that on the list.

20                  And you're right. I guess I  
21                  won't list it as an exhibit right  
22                  now because there is pushback or  
23                  reservation on whether it's going  
24                  to be voluntarily produced.

25                  BY MR. VERLANDER:

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1           Q.           Okay. Let's go back, in our  
2     remaining time today, Dr. Haider, to Exhibit  
3     4, which is your Initial Comprehensive  
4     Evaluation.

5                     In the questions that you ask, you  
6     mention, towards the end of No. 7, under  
7     "Speech": "Her boyfriend also reports that  
8     she does 'aaaahhh,' repeats herself until she  
9     can complete her thoughts."

10                    Was the boyfriend part of the  
11    telemedicine interview?

12           A.           Yes. Yes, he was.

13           Q.           Okay. And so was he there the  
14    whole time?

15           A.           Yes. He was sitting with her.

16           Q.           And is that your normal operating  
17    procedure when you conduct that initial  
18    telemedicine interview with the patient?

19           A.           Yes. That is normal for both. If  
20    I'm seeing a patient in person or via  
21    telemedicine, we prefer to have a family  
22    member or significant other or a very close  
23    friend that -- who could also shed light into  
24    the patient's deficits and symptoms.

25           Q.           And to conduct that interview, I

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1 get that you would want information from loved  
2 ones, family members, friends, but it's your  
3 normal procedure to do that simultaneously  
4 with interviewing patient herself?

5 A. Yes. If the patient agrees to have  
6 the other person present during the interview,  
7 then, yes, we do at the same time.

8 Q. Did you record any information  
9 about the boyfriend or the relationship, like,  
10 first of all, who is the boyfriend at this  
11 time?

12 A. How is it -- are you asking me that  
13 I did not put in the name of the boyfriend?

14 Q. I'm asking if you know, either in  
15 your head or from your records, who the  
16 boyfriend was that you were interviewing as  
17 part of your assessment of Ashley Moreaux.

18 A. Yes, I do remember the boyfriend.

19 Q. Okay. Who was it?

20 A. He was her boyfriend at that time.

21 Q. Okay. So you don't know who it  
22 was?

23 A. I don't know the name of the  
24 boyfriend.

25 Q. Okay. And that appears to be not

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1 something that you recorded in your notes?

2 A. It is not. Knowing the name does  
3 not change or influence my diagnosis or  
4 treatment of Ms. Moreaux.

5 Q. Okay. Do you know if -- is the  
6 maintaining of a relationship by the patient a  
7 relevant consideration in your assessment of  
8 the patient at NBII?

9 A. Can you be more specific of this  
10 question?

11 Q. Yes. Like, is it relevant to your  
12 overall evaluation of the patient that the  
13 patient is in and able to maintain a  
14 relationship over time versus not able to do  
15 that?

16 A. Yes, it is relevant.

17 Q. Okay. Do you know how long Ashley  
18 had been in the relationship with this unnamed  
19 boyfriend?

20 A. So, at that time, I believe it was  
21 several months that she has been with him.  
22 But yesterday when I spoke with her and I  
23 asked her that question, she is not with her  
24 boyfriend at this time. And I did ask her the  
25 question, that was this -- why did the

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1 relationship fall apart? Is it related to her  
2 deficits or symptoms that she's explained that  
3 she's having difficulty maintaining  
4 relationships?

5 And her answer is yes, that is part  
6 of the reason that she's no longer with the  
7 boyfriend.

8 And the other reason was that her  
9 boyfriend also had a car accident or some kind  
10 of an injury where he is also now recovering  
11 for that. So she -- so she hinted that they  
12 might -- right now, they are both focusing on  
13 getting better and they might get back  
14 together later.

15 Q. Okay. You said at the outset of  
16 that answer that you believe she had been --  
17 when you assessed her in April of 2020, she  
18 had been in the relationship with this  
19 boyfriend for "several months." Is that just  
20 a memory from your own head or is that written  
21 down somewhere?

22 A. No, it is not written down. I did  
23 not write it down. But the boyfriend had a  
24 significant insight of her deficits and her  
25 symptoms and what she was experiencing in the

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1 information that he was providing. So they  
2 both had been together for sometime.

3 Q. Okay. Because he had information  
4 he was providing about how she was doing, you  
5 infer that they had been in a relation for  
6 some period of months; am I right?

7 A. Yes. Some period, maybe. It was  
8 not just where they were together for a few  
9 days. It was, I would say, at least minimum a  
10 month that they were together.

11 Q. Okay. Well, that's different. You  
12 said "several months" earlier. Which is it?

13 A. I would say a month; minimum, a  
14 month.

15 Q. So you don't really know is the  
16 right answer; right?

17 A. No. I don't know that, for how  
18 long they were together at that time.

19 Q. Okay. Did you directly interview  
20 any other family members or friends in your  
21 assessment of Ashley, either with -- in the  
22 presence of Ashley or outside the presence of  
23 Ashley?

24 A. No, I did not.

25 Q. Is interview with family members a

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1 normal part of your assessment of a neuro  
2 patient at NBII?

3 A. If I need to get more additional  
4 information, then I do reach out to the family  
5 members, yes.

6 Q. But in this case, you didn't feel  
7 there was any additional information that they  
8 could provide that would be relevant to your  
9 assessment?

10 A. I got a lot of information from  
11 Ashley herself, from the boyfriend, and the  
12 medical records, so I did not reach out to her  
13 sister or her father or other family members.

14 Q. And did you deem the information  
15 that you got from Ashley to be reliable?

16 A. Yes.

17 Q. Okay. And the same -- the  
18 information from the boyfriend, you deemed to  
19 be reliable?

20 A. Yes.

21 Q. Okay. In your -- the neuropsych  
22 assessments that were done at NBII, are there  
23 any controls or questions that are designed to  
24 detect malingering on the part of the patient?

25 A. Yes. There are validity testing



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1 that is given to the patients.

2 Q. Okay. Do you yourself review  
3 whether the -- well, let me ask you this way:

4 Did you, with Ashley Moreaux,  
5 review the neuropsych battery for her to  
6 determine whether the results were valid and  
7 reliable?

8 A. So her test battery was reviewed by  
9 Dr. Gavron, who is a neuropsychologist, and  
10 I -- and then she has reviewed all the raw  
11 material testing data, the report, and given  
12 her opinion. So, yes, she did review that.

13 And when I was reviewing the --  
14 Ashley's reports, I did see the scores that  
15 she had on the validity indicators.

16 Q. Okay. So in this -- am I right  
17 then, from what you've said that this  
18 assessment of this patient, Ashley Moreaux,  
19 that it was Dr. Gavron's -- part of  
20 Dr. Gavron's job to assess the validity of the  
21 battery of neuropsych tests on Ashley?

22 A. Yes. Correct.

23 Q. Okay. And did you say you  
24 independently assessed the validity or did you  
25 rely on Dr. Gavron to do that?

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1           A.           I relied on her to do that. I  
2   reviewed the report and I saw that she passed  
3   the validity testing.

4           Q.           I see. Okay. That's clear enough.  
5                        We're just about out of time.

6                        Where in the order of events does  
7   the DTI testing by Dr. Filler come in --

8           A.           So --

9           Q.           -- for Ashley?

10          A.          For Ashley Moreaux (reviewing), the  
11   DTI is advanced brain imaging that is done for  
12   the patient as part of the work-up. So, you  
13   know, it depends. She is coming from out of  
14   town, so she got the neuropsychological  
15   battery done, she got the DTI done, and then  
16   she also got the initial comprehensive  
17   evaluation.

18          Q.          Okay. But the DTI was done on the  
19   same trip as the neuropsych testing?

20          A.          Yes.

21          Q.          Okay. Did you have the results of  
22   that when you wrote the Initial Comprehensive  
23   Evaluation, Exhibit 4, or the Exhibit 6,  
24   Future Medical Report?

25          A.          No. I did not have that at that

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1 time.

2 Q. Okay.

3 MR. VERLANDER:

4 All right. It's 2:00 p.m., so  
5 I guess we've hit our stop point  
6 for today. We will adjourn the  
7 deposition.

8 I'm going to work with your  
9 counsel, Michael, to -- and with  
10 plaintiff's counsel, of course, to  
11 find a date to reschedule to  
12 complete it. Just be aware that  
13 our trial date is the middle of  
14 April, so we're going to have to  
15 find somewhere to squeeze it is.  
16 And it will be roughly three hours  
17 that we have left, maybe a little  
18 bit more with breaks, but roughly  
19 three hours to complete it. So  
20 just keep that in mind when we're  
21 trying to find a window here with  
22 Michael.

23 THE DEPONENT:

24 Okay. Thank you very much.

25 Thank you all.

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1 MR. VERLANDER:

2 Thank you for your time and  
3 patience.

4 Is there anything else before  
5 we go off the record?

6 MR. BICE:

7 This is Jay Bice. Thank you,  
8 Dr. Haider.

9 Michael, pleasure to meet you.

10 (Whereupon, the deposition was concluded.)

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1           W I T N E S S ' C E R T I F I C A T E

2

3           I read or have had the foregoing  
4 testimony read to me and hereby certify that  
5 it is a true and correct transcription of my  
6 testimony, with the exception of any attached  
7 corrections or changes.

8

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\_\_\_\_\_  
HUMA HAIDER, M.D.

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DATE

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21           ( Check One )

22           (     ) NO CORRECTIONS

23           (     ) CORRECTIONS; ERRATA SHEET(S)

24                       ENCLOSED

25

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1 REPORTER'S PAGE

2 I, MICHELLE COSSÉ, Certified Court  
3 Reporter in and for the State of Louisiana,  
4 the officer, as defined in Rule 28 of the  
5 Federal Rules of Civil Procedure and/or  
6 Article 1435 (B) of the Louisiana Code of  
7 Civil Procedure, before whom this sworn  
8 testimony was taken, do hereby state, on the  
9 record;

10 That due to the interaction in the  
11 spontaneous discourse of this proceeding,  
12 dashes (--) have been used to indicate pauses,  
13 changes in thought and/or talkovers; that same  
14 is the proper method for a Court Reporter's  
15 transcription of proceeding and that the  
16 dashes (--) do not indicate that words or  
17 phrases have been left out of this transcript;  
18 that any words and/or names which could not be  
19 verified through reference material have been  
20 denoted with the phrase "spelled  
21 phonetically."

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MICHELLE COSSÉ, CCR

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1 REPORTER'S CERTIFICATE

2 This certification is valid only for a  
3 transcript accompanied by my original  
4 signature and original required seal on this  
5 page.

6 I, MICHELLE COSSÉ, Certified Court  
7 Reporter, in and for the State of Louisiana,  
8 as the officer before whom this testimony was  
9 taken, do hereby certify that HUMA HAIDER,  
10 M.D., after having been duly sworn by me upon  
11 authority of R.S. 37:2554, did testify as  
12 hereinbefore set forth in the foregoing 173  
13 pages;

14 That this testimony was reported by me  
15 in the stenotype reporting method, was  
16 prepared and transcribed by me or under my  
17 personal direction and supervision, and is a  
18 true and correct transcript to the best of my  
19 ability and understanding;

20 That the transcript has been prepared  
21 in compliance with transcript format  
22 guidelines required by statute or by rules of  
23 the Board, and that I am informed about the  
24 complete arrangement, financial or otherwise,  
25 with the person or entity making arrangements  
for deposition services; that I have acted in  
compliance with the prohibition on contractual  
relationships, as defined by Louisiana Code of  
Civil Procedure Article 1434 and in rules and  
advisory opinions of the Board; that I have no  
actual knowledge of any prohibited employment  
or contractual relationship, direct or  
indirect, between a court reporting firm and  
any party litigant in this matter nor is there  
any such relationship between myself and a  
party litigant in this matter. I am not  
related to counsel or to the parties herein,  
nor am I otherwise interested in the outcome  
of this matter.

23 \_\_\_\_\_  
24 MICHELLE COSSÉ #98013  
25 CERTIFIED COURT REPORTER  
STATE OF LOUISIANA

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